

***U.S. Department of Health and Human Services
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**Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Program
Technical Assistance Coordinating Center's**

Webinar

"Meeting the Needs of American Indian and Alaskan Native Families
Living in Urban Areas"

August 7, 2014
3:00pm Eastern

Presentations by:

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Evalina Maho, *Project Director, Home Visiting Program, Native American Community Health Center, Inc.*

Operator: Good day everyone and welcome to today's webinar, Meeting the Needs of American Indian and Alaskan Native Families Living in Urban Areas conference. Today's call is being recorded. At this time I'd like to turn the conference over to Ms. Kathy Reschke. Please go ahead.

Kathy Reschke: Thank you Shirleen. Hello everyone, it's great to be with you today. My name is Kathy Reschke and I am the e-learning coordinator for the MIECHV technical assistance coordinating center. Welcome to today's webinar. We're so glad that you're here.

Today's webinar is jointly hosted by the Administration for Children and Families and Health Resources and Services Administration. We're so glad to have you here. And to provide an introduction for you today we have Lorrie Grevstad who is the MIECHV project officer for Region X. Lorrie, thanks so much for joining us today.

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Lorrie Grevstad: Thanks Kathy. Good afternoon and welcome everyone to the MIECHV webinar, Meeting the Needs of the American Indian and Alaskan Native Families Living in Urban Areas. This webinar is another in a series to encourage collaboration across state and tribal MIECHV grantees. And I want to take this opportunity to thank all of you who have reached out as we can see more American Indian and Alaskan Native collaborations emerging across the country.

Today we're particularly focusing on addressing the needs of those Indian populations that reside in an urban setting. When we talk about tribal collaboration it is often easy for us to automatically think about those tribes American Indian and Alaskan Natives who live on reservations yet many tribes do not have reservations or are land based.

Our speakers today will share information and lessons learned regarding meeting the distinct needs of this population and serving the largest percentage of American Indian and Alaskan Natives living off reservations.

In addition to a quick overview of this population you will hear both a research and a policy perspective as well as the benefit of hearing from two local programs reaching out to this unique urban population. We hope this webinar will encourage you to continue exploring opportunities to better reach and serve urban Indians as well as collaborations with urban American Indian and Alaskan Native organizations. Now I think there's a slide about asking - provided for you regarding questions.

Kathy Reschke: Yes Lorrie, just a quick comment. We do encourage you to submit comments or questions at any time during the webinar. As you can see you have a control panel that is located to the right of your screen and at the top of that panel is an orange arrow and you can click that arrow button to show or hide that panel.

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At the bottom of the panel is an open text field where you can type your questions. I'm going to be monitoring the question box throughout the webinar and I will respond to your question or comment if it is something that I can help with, if it's a technical issue.

But if you have a question about the presentation, at the end of today's webinar we have a Q&A time and so I'll pass along your questions and comments to the presenters during that period.

Thanks Lorrie.

Lorrie Grevstad: Thanks Kathy and now we'll go to the slide on the overview of today's presentation. This webinar will focus on the urban Indian population and an overview by Moushumi Beltangady from ACF. We will also hear from Janeen Comenote regarding who are urban Indian populations and what are urban Indian organizations as she represents the National Urban Indian Family Coalition.

Findings from understanding urban Indian interactions and ACF programs and services will be a recent study reported by Cynthia Robins from Westat. And then last we'll have the benefit of hearing from lessons learned from two entities and tribal MIECHV programs who are serving urban Indian populations, Katie Hess from United Indians of All Tribes in Seattle, Washington, and Evelina Maho from Native American Community Health Center in Phoenix, Arizona.

And lastly we will talk and review questions and have a Q&A time. Thank you again for your participation today and attendance and now I will turn it over to my colleague Moushumi Beltangady from ACF.

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Moushumi Beltangady: Thank you Lorrie. As always I want to give my appreciation to Lorrie and to HRSA as great partners in this home visiting work and especially thank you for always thinking of the American Indian and Alaskan Native population and how we can best meet their needs.

I am the manager of the tribal home visiting program here at ACF and we work closely in partnership with HRSA on this program. We have 25 grantees throughout the country who are tribes, tribal organizations, and urban Indian organizations and who work hard to provide services to meet the needs of their distinct communities. You'll be hearing from two of our grantees today.

My goal today is to provide a little bit of context to help explain why we're focusing on the urban Indian population in today's webinar. For the sake of simplicity I'm going to be referring to urban Indians but please know that this includes the urban Alaskan Native population as well.

The urban Indian population is one of the most vulnerable populations in the country. Their health and wellbeing outcomes lag well behind other groups and sometimes even behind the overall native population which is known to have great health disparities compared to the U.S. as a whole.

As with any vulnerable group, early intervention such as home visiting has the potential to make a powerful difference in the lives of urban Indians and to help prevent outcomes such as child welfare involvement, substance abuse, depression, and suicide.

If the services are provided in a culturally sensitive and appropriate way they might even mitigate some of the impacts of the historical trauma and oppression that many native communities face and help promote healthy and happy urban Indian families.

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Now for some statistics if I can get the slide to move. All right, in 2010 5.2 million people or approximately 1.6% of the U.S. population identified as American Indian and Alaskan Native alone or in combination with one or more other races.

The AIAN population is diverse and geographically dispersed across regions and climates. There are currently 566 federally recognized tribes and more than 100 state recognized tribes not including some additional tribes that lack state recognition.

In 2010 the U.S. Census provided data for more than 600 legal and statistical areas including 334 federally and state recognized reservations. In 2010 which is something most people don't realize about this population, 78% of the AIAN population lived outside of AIAN areas such as reservations and in 2010 71% of this population lived in urban areas. And this is up from 67% in 2000. This is a growing population and there is no sign of this changing.

Urban Indians are a hugely diverse population. There are many different tribal affiliations as well as races and ethnicities that are part of this population.

One definition that I've seen of an urban Indian is an individual of American Indian and Alaskan Native ancestry who may or may not have direct and/or active ties with a particular tribe living in an urban area but who identify with and are at least somewhat active in the native community in their urban area.

And a great quote from a report from the National Urban Indian Family Coalition is "urban is not a kind of Indian. It is an experience, one that most Indian people today have had."

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There are four main categories of urban Indians. First is long term residents. And in this case sometimes these are residents in cities for several generations. This category includes native people who traditionally occupied the current land that is now an urban area.

Another category is forced residents and this is also a large category just like the long term residents. These are people who are forced to relocate to urban centers by government policy such as the termination of their tribe or the need to access specialized health or other services.

Another category is the permanent resident so these may be people who have permanently relocated from other areas such as their tribal reservation in search of different or better opportunities.

And finally a population that is growing I believe is medium and short term visitors. And these are folks who may visit for specific purposes but do not intend to stay permanently in an urban area. And this could include pregnant women moving to a city for prenatal or obstetric services or to access other types of services or family members who may be in an urban area.

Urban Indians face high levels of poverty and health disparities compared to the broader U.S. population and you'll hear some more statistics about that in a moment. But one thing that I think is important to recognize is that urban Indians face some worse outcomes than even the larger AIAN population.

Urban Indians are at even greater risk than the general AIAN population for mental health and substance abuse issues, suicide, gang activity, teen pregnancy, and abuse and neglect. And urban Indian women have considerably lower rates of prenatal care and higher rates of infant mortality than even their reservation counterparts within the same state.

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Urban Indian populations often struggle to access services to support their health and wellbeing. Not all urban Indians qualify for services such as Indian Health Service benefits even if the benefits are available in some cities and that's not always the case.

Some urban Indians are members of the 566 federally recognized tribes and thus are entitled to certain federal health benefits but the bulk of these services are provided only on reservations so that's difficult to access for those in cities. And then others are not members of a federally recognized tribe and therefore cannot qualify for Indian Health Service benefits or any other federal Indian Health aid.

Urban Indians are much more likely to seek healthcare from urban Indian health organizations than from non-Indian clinics but the funding for this is very limited. It's only about 1% of the Indian Health Service budget. And so these clinics really struggle to obtain and maintain the funding resources and infrastructure that they need to serve the growing urban Indian population.

Many urban Indians struggle to find community including cultural connections and may distrust mainstream institutions. This is a very important consideration for those who wish to reach out to this population. And you will hear a lot more about this today.

There's very little good data on the urban Indian population often making them invisible to service providers that could support them. So although federal, state, and local public health institutions do collect some urban Indian public health data, these data are rarely disaggregated, separately analyzed, or reported and in some cases there is racial misclassification and a general lack of standardization and attention to data collection on urban Indians as a whole.

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Since many decisions about public support are based on data, those with little to no data can be easily overlooked.

And finally urban Indian organizations are often important in the lives of urban Indians and to tell you more about this I am now going to turn it over to Janeen Comenote from the National Urban Indian Family Coalition who will provide her perspective on the urban Indian population and the role of urban Indian organizations. Janeen?

Janeen Comenote: Thank you. Hello everybody and welcome to the webinar today. My name is Janeen Comenote and I am the Executive Director of the National Urban Indian Family Coalition which is headquartered in Seattle, Washington. And we are a non-profit organization that provides policy and advocacy work for what we call the silent majority in Indian country which is urban Indians or Indians who are living off the reservation and in the nation's largest urban centers.

I would also like to really thank ACF and HRSA for the vision in making this webinar possible because as it has been pointed out before, this is often an invisible population within - it's an invisible population in America but it's also very much so an invisible population within the largest urban centers in the United States. So I want to thank you again. And if you want to go to the next slide.

So I'm going to drill down just a little bit on some of the statistics that Moushumi brought up because I think they're very important. And I'm assuming you can all read so I'm not going to go through all of these.

But really I wanted to provide a snapshot of some of the socioeconomic indicators for this population living in these cities because it is really important when you're looking at service

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provision for the most vulnerable members of our society really and in particular within America's large urban centers.

I think one of the more important pieces of this is really looking at the percentage of poverty that American Indians live in compared to the rest of the country and in particular if you look there for children under the age of 18 the poverty rate is 33%. It's double the rate of nearly everybody else.

And also if you look at, you know, the TANF and food stamp population you're really looking at three, you know, almost three times the rate of public assistance that's going to this particular population in addition to the unemployment rate. So all of this really creates a sort of picture of just the general poverty that a lot of these families are living in. Next slide.

So in looking at the social status, you know, you look there and again a notable statistic here is that 34% of this population are under the age of 18 which makes, you know, exacerbates all of the sort of economic hardships a lot of these families are facing. You know, you have the high school completion numbers are low, suicide attempts are high, educational attainment is under the main, home ownership.

And I think really important for this particular webinar is looking at American Indian in foster care. And I think anything that can be addressed to reduce those numbers is always a good effort.

Because our children tend to be in foster care at two times the rate of all other children. And in some urban areas and on some reservations that two times is being really, really conservative. It actually goes up to three and four times the national rate in certain areas of the country. Next slide.

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So one of the things that Moushumi touched on here is really looking at the characteristics of urban American Indian community members. And these are the folks that, you know, like she said, we have varying levels, we have families that have been in these cities for generations and, you know, we're going on our third to fourth generation of American Indians living in particular cities.

And we also have a very, very migratory population that, you know, often in their lifetimes children will move back and forth between the reservation and the city three to four times. Because often on reservations sort of those economic opportunities aren't there, jobs and housing and that kind of thing.

So often they'll move to the city to live with family, get a job, save up some money, and then go back to the res. This is something we see all the time in every urban center that I work with.

This population is often multi-ethnic and really importantly very often multi-tribal. So we'll have, you know, children who are, you know, they can trace their bloodlines to five to six different tribes.

And this really happened as a result of, you know, the legislation that brought American Indians to cities which, you know, the reason American Indians are in cities primarily is because we were legislated to be here. We're the only population where this happened.

And that was through the Relocation Act which essentially told Indians on reservations back in the 40s and 50s that if you move to the city there will be jobs and housing and this and that. And we can all sort of guess that didn't actually happen when we moved here but it did create starting back in the 50s a pretty significant population of American Indians.

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Because of that legislation American Indians were - it was a pre-thought out strategy to, you know, put American Indians off the reservations and get them aligned with a dominant culture by not placing them geographically. So there is only one city in the country where you have a very large population of American Indians who are geographically located and that's in Minneapolis, Minnesota.

Most of the other cities in America, you have the American Indian population is really geographically dispersed. So all over cities, all over counties, and again that was sort of designed that way ostensibly to integrate us into the dominant culture. And this, you know, as a side note, this sort of makes the identification of these families much more difficult because of that dispersement.

One of the things that, you know, history has taught us about this population is that regardless of how geographically dispersed this population was we came together because culture and meeting other Indian families and being able to practice our culture, that part never left us when we left the reservation.

So what happened was organically these American Indian organizations sort of sprung up all over the country in response to this population really wanting culturally specific programming and access to culture within the cities.

So, you know, these organizations then often they're grassroots and often, you know, they're not even really organizations. You'll have intercity pow-wows or feasts or ceremonies or sweats that happen in a lot of American cities because while we're not on the reservation we have not lost our cultures.

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Part of this, you know, so again hearkening back to the fact that this - in large part this population was created by legislation, there is, you know, an inherent distrust of sort of systems and specifically of government by a lot of American Indian families.

This, you know, can be traced all the way back to well Christopher Columbus if we want to go that far back. But because this population is so legislated, we're the only population in the country that has to carry a card with a number assigned to us to prove what ethnicity we are.

So American Indians tend to have a lot of distrust of government institutions. And because of that you'll see often there is just a big disconnect which is again where these American Indian organizations really come into play because of the culturally relevant service delivery. American Indian populations will be more willing to interface with an American Indian organization over a government institution. Next slide.

So I'm going to talk a little bit about urban Indian organizations. And again my organization, the National Urban Indian Family Coalition, we're a coalition that was born from we saw the need for American Indian organizations to really begin to come together and talk about sort of shared challenges and trade best practices among one another and see - and sort of get a sense of what's going on with this population from in the national arena.

And so right now we have 25 participant urban Indian organizations with about another 30 lined up and we're working in 21 different cities now across the country. So studying urban Indian organizations is what we do and trying to figure out what their needs are and who they are.

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So the urban Indian organizations like I said, they really arose in response to the Relocation Act which put all these Indians into cities and they also started off really, really small and really grassroots.

But over time what they ended up doing is that when you have a population that has as many sort of socioeconomic needs as this population presents with, you know, you just begin reacting to that and you begin organically sort of building programming that responds to the needs of your constituent base.

So a lot of these organizations, you know, they will - they range in size with really large budgets like, you know, we have a couple up in Alaska that have \$18 million budgets. And then we have some in just even in our cohort of urban organizations that are coming in under \$100,000. So that really kind of gives you, you know, it's a vast, it's a vast array of organizational size.

These organizations also in many ways and especially with the long term residents of American Indians who are in these cities, these organizations sort of become their like an adoptive tribe.

I always tell folks that urban Indian organizations or centers are a tribal embassy of sorts within these cities. It's where Indian people come to gather, it's where they come to socialize a lot of the time, it's where they come to get services, it sort of presents with a big need for the service delivery.

These organizations as you'll see, they will often serve over 200 tribes. That's really common. And they provide a range of services which you can see down here in this last point with healthcare, child welfare, employment, housing, food security, programs. If you can think of it in the social service realm it's probably happening in some urban center somewhere. Next slide.

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So a part of this webinar is really sort of the exploration of how do we work with this population and how do we work with these centers. You know, and like I said, they come in a range of sizes.

And I think to be aware of how big or how small the organization is should be one of the things you're thinking about when you're looking to reach out to one of these organizations because often, you know, they might have a staff of 3 or they might have a staff of 200. And that's going to change based on the geography and the size of the local population, etc.

It is also really important to know, and we do get this all the time, that these are non-profits, these aren't tribes. So these aren't organizations that have a government-to-government relationship. There is no sovereignty at play here. These are 501(c)(3)s who are delivering services, culturally relevant services to a very specific population.

For the MIECHV program specifically to have impact with these families, where applicable the best strategy is to reach out to the organization that is already serving that population and sitting down and having a face to face meeting to talk about your home visiting program and talk about how you can best work within these organizations.

Simply because most of these organizations have a 30 to 50 year history in community outreach and knowing how to identify families and knowing how to identify the networks of families which may identify other families who aren't actually involved with that particular organization.

If you're - for the listeners if you're unsure of who to reach out to in your local municipality you can always contact us at the National Urban Indian Family Coalition or you can also contact the National Council of Urban Indian Health. Both of these organizations have networks and have

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identified local organizations that work within these populations. So I'm going to end it right there and I want to thank you all for hearing my presentation here and I will pass it off to the next presenter. Thank you.

Cynthia Robins: All right, thank you Janeen. My name is Cynthia Robins. I work for - contract for a search organization in Rockville, Maryland. We do a lot of studies with federal government primarily in healthcare, social services, education. We have a group of researchers who work with American Indians and Alaskan Natives particularly helping tribes with grants and administering grants and collecting data. So we have some experience with the population.

And then we received funding from the Office Planning, Research, and Evaluation within ACF to conduct a study trying to learn about the urban Indians' interface with ACF's services. Next slide please.

So these are the questions that we were charged with trying to answer and again as Janeen said you guys can read so I won't go through these to any great extent but really identifying specific needs for the population that might be relevant to the ACF services.

Looking at specific urban Indian centers and what they do to meet the population's needs. And then most importantly the extent to which folks within the population are actually engaging with local organizations, non-Indian organizations or government agencies, to obtain the social services, health services that they actually need.

That is still an open question but that was critical to the study was trying to understand the interface. And then finally looking at the outreach to the community, what can agencies and organizations do to engage with the population.

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We did have a role at this - we did have support in the study design from a technical working group which was comprised of leaders of the urban American Indian community so they helped us formulate the design going forward. Next slide please.

So what we did to collect information to answer our study questions was we conducted in-depth telephone interviews with leaders of these urban Indian centers that - we tried to get dispersion around the country, get representation from different size organizations, different locations throughout the country.

But we spoke with them to get a sense of their experience providing services and to the population but we also spoke with representatives from these local organizations that might be organizations like the ones you all work for to understand their experience with serving the American Indian population that might be coming in to them to have their needs met.

Just a couple of notes, this was an interview study so we don't have quantitative data. There's no charts, there's no graphs we can provide. But what we wanted to hear was first person accounts, first person experiences with the population.

It's limited in the sense that there's a lot of centers we weren't able to reach out to and so, you know, there may be other experiences out there that we weren't able to capture. So what I'll be presenting is just the findings from the individuals we did speak with and their recommendations. Next slide please.

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So the population's needs are vast. I think you've heard both Moushumi and Janeen talk about what the issues are so I'll just briefly highlight these. But these are sort of the top tier of what we heard from our interviewees.

First was the connection with other American Indians and Alaskan Natives. And there was some discussion about this being a cultural connection and I think it's important to recognize that people weren't saying they necessarily needed to connect with another member of their tribe if you will.

And as Janeen mentioned this is a very disperse population, deliberately so, and there are over 500 federally recognized tribes. And we spoke with center directors who served probably people from 566 recognized tribes and the state tribes as well. So you've got a very disperse, very diverse population.

But the connection that people were seeking was to other American Indians, specifically a connection related to the experience of being an American Indian i.e. having the same experience of the historical experience, historical trauma based on some of the policies that have been discussed, and some of the social experiences based on discrimination and some family history with some of the social service agencies. And so it was a connectedness that folks are looking for around the experience of being an urban Indian or being an Indian. Very important as we'll see.

And then we've heard the high poverty rates and the services are consistent with or their needs are consistent with high rates of poverty. Food and food security is a huge issue.

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The shelter is actually an important issue for two reasons. One, you're looking at urban centers, large cities that have very expensive housing. And so when you're dealing with a population that has such a high poverty rate housing is difficult to come by -- safe housing is difficult to come by.

But also as was discussed you have a very migratory population. Folks come into the cities, folks leave. And so finding a place to stay when you come into the city was cited as a challenge for many.

And then healthcare. A huge issue because on the reservations there is Indian Health Service many times that folks can go to and coming into the cities there's a whole different social service, health service structure that needs to be navigated and folks don't know how to do that. So obtaining appropriate healthcare was cited as a challenge.

Emergency cash assistance for just basic things and then with the high unemployment rates a need for job training and assistance around getting decent employment.

And then behavioral health issues were cited I think with everybody we spoke to. And, you know, a lot of these are related to the experience of poverty. Domestic violence, substance abuse, and abuse and mental health issues that all succumb to poverty. Next slide please.

So the first question we had was what is the role of these centers in meeting people's needs. And I think it's important particularly for the MIECHV grantees that you're going to be - you're looking for, you know, how to reach out to the population. And the folks we talked to were in actual physical locations, centers in these cities.

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And so they provide that important safe cultural space, a safe space in which to be an American Indian or Alaskan Native and know that other people have the same experience that you've had. Critical and that's not necessarily something that a government agency is ever going to be able to provide. And so the centers serve a unique and important function in that respect.

Direct service provision around the needs that we just talked about. But as Janeen pointed out, the budgets for these centers vary tremendously. And so what people are able to provide to their local populations with in-house varies significantly based on their budgets. As I said, they all see those needs come through the door. Whether they can meet the needs in-house or not really is a financial issue.

Importantly, what interviewees told us was that regardless of what need comes through the door they will make referrals to any organization in the community that can meet that client's needs. Nobody told us about a specific agency or organization in their city that they would not refer a client to.

There are strategies for bridging that or making that connection but the referrals are being made to agencies or organizations that provide ACF funded services. So that was sort of half of the picture that we were looking to get.

And then this last role of the centers and the staff at the centers is to serve this bridging function, to be sort of a translator between the Indian population and these non-Indian organizations.

Some of it is to facilitate knowledge among the agency staff about the experience of being an American Indian and what some of the issues are. And then some of it is bridging that trust issue

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that Janeen talked about for the population, that there is a tremendous distrust of non-Indian organizations because of historical experiences.

And so these centers can serve as that link point, that bridge between themselves and local organizations. So very important in terms of what you all are trying to do. Next slide please.

So again we're talking about opportunities for collaboration and one of the things that I just put, you know, my little - here is my quantitative moment such as it is, here's my math. Need plus limited trust equals an unmet need. And that's huge for this population. You've got, you know, a vast set of needs and services out there. But if folks aren't going to go get the services you still have an unmet need.

And so one of the important things to look at I think for you all is to create that organizational linkage between your organization or agency and these urban Indian centers. Because what that does is provide sort of an official organizational level connection and that improves the trust levels for the clients.

This next, this point here about the role must be great is the recognition that not only are many of the urban centers organizations and resources limited but some are for many of you, you work in small organizations and you may not have a lot of resources either.

And so, you know, thinking about how you can make these connections and both keeping in mind your needs, I mean, your resources and the center's resources and also recognize this is a population that has a large number of needs and so you've got to find some balance here. Next slide please.

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So some of the strategies that interviewees talked about and these are just things to think about how you might engage with the population or engage with the urban Indian centers in your cities if you do have one.

And one is to work with the center to get someone from the center to come into your organization and provide some training to your staff on the experience of the American Indian population and the urban population in particular, as Janeen talked about the invisible population.

And what that does is gets your staff thinking about, you know, gosh, we actually have American Indians in Baltimore or New York City or Nashville, you know, things that people may not think about back east. And so it sort of raises folks' awareness there. And then also part of that awareness is just recognizing the social and economic changes faced by the population.

Interviewees said that a couple of things you want to be careful of if you take this approach is that one and done training doesn't necessarily make your organization culturally competent. And so it's something that should be repeated over time, that you've got new staff coming in and there's always more questions that come up after training. And so, you know, it should be sort of a continuing series.

The challenge to that obviously is that for many of these urban centers, they have a small staff and limited financial resources. So it's, you know, careful to balance the burden between what you need and what they can offer if you take this approach. Next slide please.

The second strategy is bringing an American Indian or Alaskan Native worker into your organization. That serves a critical function for the client population because there's a go-to person within your organization, somebody that the client will see as having a shared experience

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and may be willing to trust that individual and actually engage in the services. And as a point here, it provides sort of an in-house resource for your organization.

The cons, same issue about cultural competence, that your one person that you have is an important link but it doesn't necessarily make your organization culturally competent. And so just a little bit of awareness about the limitations of and what could happen if that person becomes your only go-to person in the organization and other people aren't actually focused on the population.

Also as I put out here, the burnout potential is very high, the needs are great. The population is actually larger than I think a lot of people think about so that one individual if he or she becomes the go-to may just be overwhelmed with the population.

And if you - as you know if you burn out your staff member you're looking to rehire and that is just - that turnover is not helpful for your organization and not for the clients either. Next slide please.

Having American Indian and Alaskan Native client navigators is yet another strategy. These - this role is generally played within the urban centers and staffed within the urban centers themselves. And there's individuals who actually serve that bridging function that will serve as a translation point.

And what we heard numerous times, the language that was used by our interviewees was that we walk with the client, literally walk with the client to make sure that individual gets into the agency or organization's doors, meets with a case worker, and actually follows through, gets the services that he or she needs. And just provide sort of a mentoring role, helps to navigate the system but

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also provides a sense of trust that this individual can go to a non-Indian organization and obtain the needed services.

The only con here is that again the burden for making that connection will tend to fall on your urban Indian center and you need to just be cognizant of that. Last slide please and I'll do this very quickly.

And the last recommendation which I think was a strong recommendation is just beginning in a couple of locations is that your organization, your non-Indian organization or agency, you have staff members come to Indian space.

And it changes the dynamic in the sense that you're not asking an American Indian, an oppressed population, to come into a majority culture service agency but you're kind of going in the one down position and meeting clients in their own space, in a safe space.

And so a critically important recommendation was made by interviewees both for the population and also for your community at large that it's - nobody has to repeat services within your community. If you offer something that the population needs, bring it in so the center doesn't need to recreate what you already offer. And I think that's my last slide so thank you very much.

Moushumi Beltangady: Thank you Cynthia. Now I'm going to turn it over to Katie Hess from United Indians of All Tribes to talk about experience of a tribal MIECHV grantee serving this population.

Katie Hess: Hi everyone, my name is Katie Hess and I'm the program manager for Ina Maka Family Program at United Indians of all Tribes Foundation. We are located in Seattle, Washington. And

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today I'll be talking about meeting the needs of American Indian and Alaskan Native families living in urban areas. Next please.

So first I will talk a little bit about our organization, United Indians of all Tribes Foundation and those families that we serve. I'm going to tell you about our Ina Maka family program and then I'll talk more broadly about urban Indians and home visiting. Next slide please.

United Indians is a recognized urban Indian organization, we are a non-profit organization. We provide cultural and social services in the greater Puget Sound region.

United Indians has programs including our Labateyah Youth Home, our elders program, our native workforce program, foster care, we'll be starting an ECAP program in January, we have partnered with the Department of Corrections program which includes reintroducing cultural services for our incarcerated men and women in Washington State, and finally our Ina Maka family program which is our tribal MIECHV home visiting program.

Washington State is home to 29 federally recognized tribes and additional state recognized tribes and unrecognized tribes. Seattle area urban Indians represent 41 tribal groupings for hundreds of individual tribes from across the United States and Mexico and Alaskan Natives.

In our county which is King County, the American Indian and Alaskan Native family or in combination population is approximately 39,000 or about 2% of the overall county population. And about 8% of this population is five years old or younger. Next slide please.

So in the Ina Maka family program works with the family center as the long term social and health outcomes of native children by providing intervention programs through comprehensive home

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visiting programs for the urban American Indians. We provide our home visiting services for native families and caregivers of native children living in King County.

We start working with mom during pregnancy and we can also enroll families of children up to age five. We use the Parents as Teachers curriculum and our home visitors see their families about two times a month or every other week and we also provide a group connection where families can socialize, play, and learn together.

Since both the tribal and state MIECHV grantees, we participate in the tribe data collection and two evaluations, Washington State evaluation and our own which is focused on evaluating the effectiveness of cultural enhancements to an evidence based home visiting curriculum. Next slide please.

So the lessons we have learned since starting our home visiting program three years ago, we applied to all organizations beginning work. We want to highlight the unique requirements of working with urban Indians and the benefits of working closely with community based organizations.

Today I will outline three of the areas we focused on when developing our program -- creating partnerships, offering culturally appropriate services, and building community engagement.

Building partnerships has been a key part of our program development. We have worked to connect with both native organizations and organizations trusted by the native community. This is from leveraging any relationship we have in place and firming new relationships when needed.

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Building partnerships and relationships take time and persistence. We spent a lot of time going to coalition meetings and scheduling meetings and then scheduling follow-up meetings. We show up, we ask questions, we share our information, and then we do it again. Demonstrating our commitment and willingness to follow through has been key to this partnership building.

But we run into challenges too. One of the challenges we've run into in building partnerships revolve around figuring out where urban Indian families are receiving services and connecting with those providers. And oftentimes those providers are not urban Indian organizations. We have to give them a little education on urban Indians. And I'll talk a little bit more about that next when I talk about culturally appropriate services.

So many of the presenters have already talked about who urban Indians are and some of their needs. One of our first steps in developing a culturally relevant program was to hire staff who are natives or who have experience working in the native community. Three of our four home visitors are native and we have two (kayas) or grandmas with over 20 years of experience working in early childhood in the urban Indian community here, United Indians.

We work really hard to be aware of the unique needs of our clients. For example, here in the northwest we have the (commune) journey every summer. So we make concessions for that, understanding that our families might not be available for home visits during the month of July because of their commitment to this very cultural annual event.

We have some less positive unique needs as well, mainly a deep rooted fear and mistrust of many service providers and institutions, really a fear of letting anyone in. Our team and home visitors understand that the fear our families have comes from a valid place and they are able to honestly acknowledge the realities and challenges of being an urban Indian family.

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I think the families see this honesty and it helps to build trust. Additionally, you know, when we talk about the historical trauma and generational trauma that our families are affected by today, I know that internally we still have work to do in incorporating a historical trauma framework into the work that we do.

Our home visitors are well grounded in that foundation of historical trauma and they approach all their families with an understanding of how their views have been affected by their history.

Finally, oh and the challenges that we have run into. Those weren't challenges, those were things that we have found to be successful for us. One of the things we've been surprised by is the outreach in our area is the lack of knowledge about urban Indians.

When we go outside of our sort of circle of native providers, we hear from other social service providers that they don't serve Indians so we should probably go to the reservation nearby. But based on what our clients tell us on where these providers are located, we know that they probably are serving urban Indians and they don't even realize it. This contributes to the feeling of marginalization for urban Indians.

Another challenge is that it's really hard for us to develop trusted referral networks so that our families will both receive services they need and continue to trust us. And the third piece of our home visiting in the urban Indian community is community engagement.

In the three years we have spent building our program we have put a lot of energy toward engaging the community. We started with an advisory board who provides us with guidance and wisdom as we make programmatic decisions. We have reached out to community leaders and

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key stakeholders to make sure they are on board with our program and ensure that the program is aligned with the urban Indian community's needs and priorities.

We also make sure to tailor our recruitment to urban Indians. We do outreach at native events all over the county. This helps us build partnerships with other service providers and gets our name out to urban Indian families.

Finally, word of mouth is a key part of our engagement strategy. We have to provide the best services we can so we can make sure that's what is being talked about. But really we want people to talk about us and think about our programs and share that information with their friends and family.

The hardest part about community engagement is that it takes a long time. It doesn't happen overnight. I mentioned prison systems earlier and it is really critical here. Training trusted staff should help.

Many of our staff have come with their own community following and bring them on board but even so it's an exercise in frustration when it is after an event and not have families sign up for our program. But they learn about our programs or they see our name and decide to stop by next time or mention it to their niece or daughter. So something always comes of that time and it's always worthwhile time.

One of our main challenges, we're still trying to reach isolated families who aren't already connected to the urban Indian community. We try using different approaches, some social media, more traditional media like local tribal newsletters.

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And lastly, home visiting can be a hard sell. It's hard to get into people's homes. It's scary and people, you know, they don't like letting you into their home. But having trusted home visitors and relying on that word of mouth can really help mitigate those challenges. Next slide. I think that's it.

Moushumi Beltangady: Okay thank you Katie. So now we're going to hear from Evelina Maho from the home visiting program at the Native American Community Health Center Incorporated in Phoenix Arizona. Evelina?

Evelina Maho: Hi, good afternoon everyone. My name is Evelina Maho and I am the health promotion disease prevention division director and I'll be talking about the home visiting program in Phoenix and how we - what we are currently doing to meet the needs of the American Indian and Alaskan Native families living in the Phoenix metropolitan area. Next slide please.

So what I'll be covering is just a short introduction of who we are and where we're situated, a little bit about our home visiting program, and I'll be talking a little bit about the lessons learned as we provide our home visiting program services to our American Indian and Alaskan Native urban population. Next slide.

The home visiting program here in Phoenix Arizona, basically we are in the state of Arizona and our home visiting program covers and provides services to all populations living and residing in Maricopa County.

We have over 78,000 American Indian and Alaskan Natives that reside in the county. And since 2000, the year 2000 the American Indian - the urban American Indian and Alaskan Native population has grown by over 38% and it's estimated that over 52% combine, you know,

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American Indian and Alaskan Natives living off the reservation is estimated about 52% with 48% of live births in families living on the reservation.

So over half of those American Indian and Alaskan Natives in the state of Arizona are either residing or moving or currently living in these urban settings so we are serving a large population.

Next slide.

Here at Native Health we have an array of services. We are a non-profit urban Indian center, program organization that provides - we have primary healthcare that we provide. We have dental, we have podiatry, optometry, we have a behavioral health program. And just recently we are in the development of a health promotion and a disease prevention division. And here with this particular department we are charged to provide an array of services as well.

Our mission at Native Health is really to provide a holistic, patient centered, culturally sensitive health and wellness services. And of course our vision is to really see healthy people in our healthy communities. We also are an accredited healthcare agency and recently also received the HRSA accreditation as well. Next slide.

In our health promotion disease prevention division we have Arizona Long Term Care Service that provides services to our elder population and our disabled population where we coordinate services either in long term care facilities or assisted living facilities or in-home care services so depending on the need of our American Indian population we're able to do that.

With this particular program we work with 13 of the 26 tribes in the state of Arizona. Of course the home visiting program is the program we'll be talking about today and also we have the HIV education prevention program. We have the WIC program and also just recently started a

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community garden project. We are also looking into developing a tobacco education and prevention program and a youth coalition as well. So next slide.

Basically our home visiting program is designed to improve maternal and prenatal health, infant health, and child health and work with our families in the Maricopa County. Our parent educators use the Parents as Teachers model and it's really used to focus in and work with and improve the parent and child interaction.

And our goal here I think is to recruit 100 families. And we're about mid, just a little under - we're close to 48 families that we're recruiting and so it's actually a revolving, moving recruitment and retention effort happening as we're moving along. So next slide.

So as we - did we skip a slide? As we move into talking about our - if you could go one slide back, I'm sorry. This particular slide talks and touches on the importance of partnership and these are the things that we have really been able to focus on as we develop, implement, and run our home visiting program. And also as we evaluate there are three main components that we felt was really important to share.

First of all knowing what our organization provides, what services do we provide and ensuring that our home visiting program staff and our division staff and the whole entity in our organization understand and are able to share what services we provide, the extent of the services, and our, you know, service area as well.

So that when we go out into the community whether it's our home visiting program staff or HIV staff or the dental staff or the behavioral health staff, we all understand what services we provide and we're able to share that at the different levels of interactions we do within the community.

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It's also important that we have the local and the community sector and that includes other non-profit agencies like our Phoenix Indian Center. Native American Connection is also another non-profit Native American agency, Arizona Academy of Pediatrics, Parents as Teachers affiliates and Parent Partner Plus as well. I think most importantly we worked the past couple of years with the community advisory board. I'll be talking a little bit more about that in a bit.

At the state and county level they're just as important as our local and our internal, you know, programs as well as far as connecting with them. They are a great part of our resource, our network, and really being able to help build the capacity we need to build internally and be able to work externally with our local and community partners and the state and county level as well.

So you'll see there listed the Maricopa County Department of Health, we have the Strong Families Home division. We also have the Head Start, Early Head Start programs and the Maricopa Family Support Alliance as well.

So these are - and we may have missed a few other folks and they're not listed here but we are part of this network of folks to be able to talk and brainstorm and come together and really be able to design a referral system.

Some of these support system or programs and entities may also provide professional development opportunities and really again be able to build that capacity in order for us to do what we need to do internally, develop those processes, and understand what they are whether we refer internally or as we receive referrals from some of our community partners in the area.

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Some of the things that we've learned and it was really important from the get-go was community - developing the community advisory board. It's really important because the members of this particular group helped us to guide the project development and implementation.

Especially, you know, the Parents as Teachers curriculum is utilized as we do the home visits and work with parents with their children. The other thing is we do monthly group sessions with all the parents and families who come together. And we wanted to implement a cultural component.

The challenge for us was really being able to bring in a common, you know, ground because we have many tribes in the state of Arizona and we have many different tribal members that are from of course different tribes, different parts of the state and the country that either relocate or reside in the Phoenix metropolitan area. So we didn't - we wanted to make sure that we included individuals from, you know, members from the state and tribal community leadership.

Different program - the program itself, we had parents also become members of the board and local cultural specialists as well. So they really played an intricate and an important part in helping us to establish some of those key things that we needed to bring into our program.

And then they know the community best. They're from the community and it's important that we brought them to the table to help us plan as well. You know, and they were there to contribute for the best interests of the families we serve. Next slide.

I think the next thing is really some of the challenges we've had to overcome. And we talked a little bit about this is that, you know, we - through our advisory board we learned about some of our social, you know, Native American and Alaskan Native rules and conduct, you know, historically, the different bands of tribes.

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And, you know, in the state of Arizona and in most tribes throughout the country is that through clanships we would convene and talk and we would make decisions. And we as a program, we had to discuss, you know, that's really something that many Native Americans connect to, that way of making a decision.

And so when we were developing the advisory board that was something we needed to remember and bring in is that let's all come together and let's have a discussion about what the needs are and how do we meet the clan or the village or the tribal members needs as a family to come together and come up with a resolution to best meet the needs of that specific population.

So that is the approach we talked about and really, you know, made every effort to make it a part of our group's way of bringing in support. So conversation is really an important and intricate part. And we talked about how it's really also important of most tribes. A lot of things are done orally. And so through discussion, through conversation you develop that trust. So that was really important for us.

You know, some of our advisory board members were also from like the Head Start division and some of our professional folks too. Even at that level we had to build, you know, trust among agencies and be able to build upon that and create that sense of family amongst even the professional networks.

So at every level, you know, not only among Native American populations but it's also important to build trust among our own colleagues and our own organizations within the city and the state, the county, and the tribe. So that's really important. Next slide.

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So I really wanted to just talk about those key things and the importance of that as well. If anybody needs more information about our specific program, feel free to contact me. This last slide just has my information and contact info. Thank you.

Kathy Reschke: Thanks so much Evelina. And Katie as well, thank you both for sharing so much about the experiences that you've had in your organization. That's so helpful. And also thank you to Janeen and Cynthia for sharing your wealth of knowledge, so much great information has been shared.

But we did want to leave plenty of time now for those of you who are listening in to ask questions of our presenters. Just a reminder of how to do that, if you have a question, a comment that you want to share, you want to have our presenters respond to, just type it in to the question box and I'll be monitoring that.

We also had you answer some questions or gave you an opportunity to ask some questions when you registered. So while you are thinking of questions to ask now we're going to go ahead and get our Q&A started off with a couple of questions that were submitted to us during registration.

So I'm going to start out with a question that I'm going to address this to Katie but all of you chime in if you have additional strategies to share. It was asked what are some strategies for finding American Indian and Alaskan Native families in an urban area given that they may be geographically dispersed and may not already be connected to an urban Indian organization or center. So Katie did you want to get us started with that?

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Katie Hess: Sure. It's obviously not really an easy answer but - and this is something that as I mentioned we are struggling with a bit too. But I think that one thing I would not have necessarily known before starting this work is how key native events are to the native community here, especially during the summer. We have an event almost every week that we can attend in our county and a lot of our native families make time to go to those events, especially the big pow-wows. And they walk around and they want to hear what you have to say and they like it if you have activities for their kids. They're more likely to stop at your table.

So I think that most of our families do go to some of those events. I also think that utilizing publications and other areas that are geared towards native families can be a pretty effective outreach. Our Facebook page reaches a lot of people. There are blog posts written by native people in the area and all of those can help with reaching those families.

Finally developing those partnerships with providers, even ones who are outside of urban Indian organizations can be really useful as they do come in contact with native families and hopefully send them your way.

Kathy Reschke: Those are some great tips Katie, thanks. Anyone else have some tips or suggestions that you have tried that have been helpful? But if not we'll go on to our second question that was submitted during registration. Both Katie and Evelina already talked quite a bit about this but people are really looking for strategies for building trust with native families who might be interested in home visiting services but may be a little bit cautious about a non-tribal organization.

So Evelina I think you already mentioned at the end of your presentation just how important building that trust is and spending time doing that and I wondered if anyone else had other comments about that.

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Evelina Maho: This is Evelina. Again, I would strongly recommend that most Native American families, you know, they like to see stability. And if you have employees that are, you know, Native Americans or even non-native, you know, the longer they're there it really touches on the organization you work with.

And that their retention rate needs to be - it's really important that we hire the right key people that are passionate about the work, that are really sincerely there to serve and to provide, you know, the services they should be providing. And that makes an understanding that there is a need to that specific population what we're there for.

And, you know, it really starts with who we start to begin with and who we begin to recruit. And I think as an agency when we hire these individuals, that's the one place I strongly recommend is that - and it's hard to find. It's not easy to do. But they are out there. There are folks that are truly dedicated to serving that population.

So, you know, consistency is really important. If you have home visitors that are just starting out, really training them well. Understanding the program itself, how the funding or the grant application may be written, the funding source, the requirements, your goals, your objectives, and clearly understanding that even the tools you use, the curriculum or intervention, what is it supposed to be doing. And how is an educator or the home visitor am I going to apply this and know what I deliver is going to truly make an impact.

And when you have your employees really dedicated to that and understand that the community, the family sees those things and they better commit. It's really that, I mean, that's what really

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comes to mind when we're asking and talking about how do we get our families to truly be able to trust, you know, what we do. So that's really important I think in addition to what I shared earlier.

Kathy Reschke: Thank you.

Katie Hess: So could I add something to that too?

Kathy Reschke: Sure.

Katie Hess: I think that the skills required to be a home visitor working in the urban Indian community are not so different than it is for any home visitor. You know, you're going into a home of someone who maybe has some challenges and it requires a lot of openness and, you know, reserves judgment and all of that.

But I do think, you know, avoiding that false sense of cultural competency while gaining a sort of basic set of education is really key to that success. We work really closely with Indian Child Welfare here and we know that native children are removed from their home at a higher rate than other children usually for neglect.

And so as a home visitor if the first thing we do is walk into a home and talk about the environment and how messy it is, you know, you're missing this huge sort of cultural contextual sort of information that is really key and will either cause a family to shut down or not. And so, you know, starting with that foundation is really critical for connecting with families.

Kathy Reschke: Thanks Katie and Evelina as well. I wanted to share a comment that one of our listeners added and I think it fits in well with what you both shared and that is it seems like it's a simple

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thing but it's an important thing. And that is that how important it is to follow through. She says do what you say you're going to do. And that is of course important for both native and non-native but that follow-through is such an important part of building trust.

We're going to switch gears a bit and ask a question someone submitted that asks, have you had problems with the models when you're not able to make home visits because there is this reluctance to have home visitors come into the home? So anyone want to address that? That's an issue I think for non-native families as well. But anyone want to address that?

Katie Hess: This is Katie. That's not a huge challenge for us. We try to do home visits in the home but we do have some flexibility there. And some of our families don't have homes and so we do their visits other places. And maybe - I don't think that's a problem with our model, it hasn't been so far.

Evelina Maho: This is Evelina. We, I mean, we hadn't had any problems with that either but just as Katie indicated, we do have families that don't have homes. We have families in shelters so we do everything we can to accommodate that.

You know, I mean, we had one family when we didn't understand why we couldn't do a home visit and it was really that one reason, it was because she was in a shelter and she was embarrassed. But we were able to work with her and kind of help her and her family work through some of those challenges and help facilitate. We didn't want to enable her and do everything for her but really be able to help her build capacity to move forward in her life.

So I guess it's really important to be patient and to build that rapport, that relationship and that trust for the families to open up. There might be an underlying reason as to why someone may

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not be allowed into the home. It may be a domestic violence issue, it could be the family is, you know, residing with another family and that's very common in our Native American families.

Or, you know, they're just simply homeless. And I think homelessness is defined in different ways in different populations. So just really stepping back and understanding I wonder why this is happening. So that's where I would start.

Kathy Reschke: Thank you, those are some great insights, really appreciate that. I think we have time for one more quick question and that is it seems like engaging tribal elders might be an important piece of making connections with natives in urban areas. And so I wondered if anyone wanted to answer the question what is the best way to engage tribal elders as part of a home visiting program?

Katie Hess: This is Katie and this has been part of what we do at United Indians. And I think that we don't have necessarily a tribal elders group or someone who oversees it but we do have an elders program and they support our organization and they meet several days a week. And so as a part of our community engagement I have spent some time with them.

When we did our initial community assessment we reached out to the elders and we asked them to participate and it has required some follow-through. You know, the first visit they're not necessarily too interested in what you have to say but again it goes back to what we have talked about before, being present and following up and showing that, you know, you're invested in what you're doing and that you care. And they have been very supportive of our program. They are really interested in offering their wisdom and insight as we have built the program.

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We also always include them in our community events when we host things even though offering elders Bingo doesn't necessarily seem like it would go hand in hand with a home visiting night but it has been a really key part of getting them on board as well.

Kathy Reschke: Thanks, thanks Katie. I have just a couple of very quick questions. One is let's see, Janeen you had shared a lot of statistics and we had someone ask whether or not you would be willing to share the citations or the sources for that information. And that might be something that you could maybe send to me and then we can get that sent out to all the registrants.

And Cynthia, wondering if you have the results of your study in a report or an article that you could also - that we could also share with everyone. We can talk about that when we're done. Hopefully we can share that with everyone. Thanks for the Q&A guys, that was some really good discussion and more tips. So to wrap us up I'm going to turn us back to Lorrie.

Lorrie Grevstad: Thanks Kathy. Again I would just like to thank all of you for participating today particularly we've had almost 100 people. And especially to our speakers, to Moushumi, Janeen, Cynthia, Katie, and Evelina. I think you heard some amazing demographics and information both qualitative and quantitative about this population and creating a profile of urban Indians.

And then the benefit of hearing from Katie and Evelina about doing this work on the ground with communities and the importance of the intentionality in making connections both across and with community partners and urban Indians as well as connections and doing some homework to identify if there's a community organization in your area that may help you do those connections and how important it is to build relationships which we know every day is really all about this work.

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So again I want to thank everyone. I want to thank the technical assistance coordinating center and the TACC today for all of Kathy and Lisa and everyone who has helped us and Lena with getting the webinar together and our Q&A and our partners at ACF. So thanks again and have a great evening.

Kathy Reschke: Thank you.

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