

INA MAKA NEEDS ASSESSMENT EXECUTIVE SUMMARY

Introduction

United Indians of All Tribes Foundation (UIATF) is a non-profit, community-based organization with headquarters located at the Daybreak Star Indian Cultural Center within Discovery Park in Seattle. UIATF will assist families in improving the long-term social and health outcomes for Native children by providing support and an intervention to their parents through a comprehensive home visiting program tailored for and by the American Indian/Alaska Native (AIAN) community. This report presents findings from the community needs assessment conducted in King County, Washington between February and May 2012. The first year of this project was dedicated to soliciting the community's perspective on developing a home visiting program to support and stabilize families with young children. We will use this as a framework to identify and develop a home visiting program that resonates with AIAN families and children while maintaining fidelity to evidence-based practice.

Problem Statement

Native children in Seattle live in poverty at nearly three times that of the community at-large.¹ UIATF's forty years of experience providing human services to Seattle's Native community is reflected in the growing body of research indicating that parents of very young children who live below the poverty line often do not have the tools needed to provide their children with the most effective brain development and cognitive growth supports. As a result, children in these families start well behind their peers even in the earliest grades, and suffer from underachievement as this disparity continues to widen as they progress through school. Less than half of the Native students in the Seattle Public Schools graduate from high school, perpetuating the cycle of poverty for another generation.²

Characteristics of target community

The Ina Maka Family Program (IMFP) will serve American Indian and Alaska Native (AIAN) families in King County, Washington. In King County, the AIAN-only population is 16,147; the AIAN in combination with other races population is 22,970.³ The majority of AIAN children live in families with a married female-male family structure (81.5 percent), though about 17 percent live in unmarried female-male households. Approximately 1 percent of AIAN children live in a same sex family structure.

In 2010, 4,495 AIAN only and in combination (1,984 AIAN only and 2,511 AIAN in combination with another race) children under the age of 18 lived in families that do not meet the household structures specified above. Census 2010 data indicates that 469 AIAN only children live with a grandparent. 111 of these children are under 3-years-old and 97 of these children are between the ages of 3 and 5.

Family make-up for AIAN children in King County includes diverse structures, from multi-tribal and multi-racial backgrounds to same-sex and non-biological parent family structures. The following provides a summary of the major findings for AIAN in King County.

¹ Urban Indian Health Institute, Seattle Indian Health Board. (2011). *Community Health Profile: Seattle Indian Health Board*. Seattle, WA: Urban Indian Health Institute.

² Seattle Public Schools Data Profile: Dec. 2011 Student Information Services Office
<http://www.seattleschools.org/modules/cms/pages.phtml?sessionId=&pageid=217382&sessionId>

³ 2010. U.S. Census

- i. **Maternal & Infant Health**
 - a. Premature Births – AIAN mothers deliver prematurely at a rate **1.36 times** that of all races in King County.
 - b. Low Birth Weight – AIAN mothers deliver low birth weight infants at a rate **1.06 times** the rate for all races in King County.
 - c. Infant Mortality – AIAN infant mortality in King County is **3 times** higher than the rate for all races.
 - d. Births to Teen Mothers – The proportion of teen AIAN mothers is **2.8 times** higher than that of all races.

- ii. **Child Abuse & Neglect**
 - a. Referrals – AIAN children are referred into the foster care system in King County at a rate **7.6 times** that of white children.
 - b. Placements – AIAN children are placed in a foster care setting at a rate **1.7 times** that of white children.
 - c. Length of time in the System – The rate of AIAN children staying in the foster care system for 4 or more years is **1.5 times** that of white children.

- iii. **Poverty & Use of Public Assistance**
 - a. Income below the Federal Poverty Level – AIAN families in King County report an income below the Federal Poverty Level at a rate **2.6 times** that of all races.
 - b. Children in Households with Income below the Federal Poverty Level – AIAN children ages 0-5 live in poverty at a rate **3.5 times** the rate for all races in King County.

- iv. **Unemployment**
 - a. Unemployment Rate for Ages 16 and Over – The AIAN unemployment rate is nearly **2 times** that for all races in King County.

- v. **Crime**
 - a. Criminal Arrests Ages 0-19 – The AIAN criminal arrest rate for juveniles is **2.6 times** that for white juveniles in King County.
 - b. Criminal Arrests for Adults – The AIAN criminal arrest rate for adults is **4 times** that of white adults in King County.

- vi. **Domestic Violence**
 - a. Domestic Violence Before or During Pregnancy – AIAN women in King County report physical abuse before or during pregnancy at a rate **3 times** that of all races.
 - b. Psychological Abuse During Pregnancy – AIAN women in King County report psychological abuse during pregnancy at a rate **2 times** that of all races.
 - c. Any Physical or Psychological Abuse – AIAN women in King County report any physical or psychological abuse at a rate **2.4 times** that of all races.

- vii. **High School Graduation & School Performance**
 - a. On Time Graduation – AIAN children graduate from high school on time at only 75% the rate of white children in King County.
 - b. Percent Meeting WA State Mathematics Standards – AIAN children across King County meet WA State mathematics standards at **0.6 to 0.8 times** the rate of white children.
 - c. Percent Meeting WA State Reading Standards – AIAN children across King County meet WA State reading standards at **0.7 to 0.8 times** the rate of white children.

viii. Substance Abuse

- a. Binge Drinking, Grade 10 – AIAN girls in Grade 10 reported binge drinking at a rate **1.75 times** that of white girls and AIAN boys report binge drinking at a rate **1.62 times** that of white boys in King County.
- b. Illicit Drug Use, Grade 10 – AIAN children in Grade 10 reported using illicit drugs at a rate nearly **2 times** that of white children in Washington State.
- c. Marijuana Use, Adult – AIAN in King County reported using marijuana within the past 30 days at a rate **1.3 times** that of whites.
- d. Illicit Drug Use, Adults – AIAN in King County reported using illicit drugs at a rate **1.5 times** that of whites.
- e. Unintentional Poisoning Deaths – AIAN in King County died of unintentional poisoning at a rate **2.24 times** that of whites.

Quality and Capacity of Existing Home Visiting Programs in King County

There are few home visiting programs dedicated to serving AIAN families in King County. United Indians of All Tribes Foundation (UIATF), serving 26 AIAN children, and the Seattle Indian Health Board (SIHB), serving 83 AIAN infants, host the only home visiting programs in the county with Native-specific curricula. However, these programs are very restrictive either in scope or eligibility. Based on the data provided in earlier sections, it is unlikely that families do not meet the eligibility criteria for programs but rather that they chose not to access home visiting services or do not know they are available.

Only six substance abuse programs in King County provide culturally-relevant services to AIAN individuals. In 2009, the Muckleshoot Behavioral Health Program served 152 clients, Raging River Recovery Center served 46, Seattle Indian Health Board served 342, and Thunderbird Treatment Center served 803.

Stakeholder Participation and Coordination with Other Needs Assessments

We reached out to a variety of stakeholders, including: AIAN families, AIAN elders, federal agencies (FBI), Washington State agencies (Department of Health, Substance Abuse & Addiction, Mental Health, Medicaid, DSHS, DEL), County agencies (Public Health-Seattle & King County, Mental Health Chemical And Dependency Services (MHCADSD), AIAN-specific agencies and programs in King County (Thunderbird Treatment Center, Seattle Indian Education Program, UIATF Early Head Start/Head Start, Seattle Indian Health Board, Urban Indian Health Institute), Home Visiting Providers (PCHP), local tribes (Snohomish, Duwamish, Cowlitz, and Muckleshoot), and non-profits [United Way, Marguerite Casey Foundation, PEPS (Program for Early Parent Support)].

While we drew on the Washington State needs assessment - which was completed about one year before we received home visiting funding - for data and data sources, we also heavily supplemented the information provided, as it was not always AIAN-specific. We also reached out to Tribal Home Visiting programs that had received funding in the first year of the program, including: (1) Fairbanks Native Association; (2) NAPR; (3) Lake County Consortium; (4) SPIPA; and (5) Port Gamble, S'Klallam. These programs were very helpful in providing contact information to key stakeholders, ideas on possible approaches, and sharing materials they developed. In addition, we collaborated with the existing Head Start and Early Head Start programs at UIATF to share data and information on existing resources.

Needs Assessment Methodology

The IMFP needs assessment identified gaps in social, health, and community services experienced by the King County AIAN community through use of: (1) existing data from state, county, and local agencies; (2) collection of focus group data from AIAN caregivers, elders, youth, and home visitors to identify needs that are not identified by existing data; (3) key informant interviews to identify existing programs within King County that provide services to AIAN that are not reported on in other needs

assessments; and, (4) collection of survey data from expecting and current parents of young children to determine knowledge of existing services and perceived gaps in available services.

We collected qualitative data in the form of focus groups or “talking circles” to contextualize the quantitative data from existing data sources. We also used qualitative key informant interviews to expand on programs for which the Washington State needs assessment did not include or did not have information. The quantitative survey was collected as a convenience sample, using Facebook, listservs, posters, word-of-mouth, and existing programs and community events to recruit caregivers of AIAN children ages zero to five or expectant parents of AIAN infants. We sought to explore the needs of families (regardless of family structure) with young AIAN children in King County from their perspectives in order to ensure the IMFP curriculum meets those needs in a culturally congruent, meaningful way. The results of our qualitative and quantitative data collection provide contextual support for the need for home visiting in the King County AIAN community and guidance for our choice of the appropriate curriculum that will best fit the needs of our community.

Quantitative Results

The demographics of our survey respondents reflect the findings in our benchmark report. We had a total sample size of 188 in this preliminary report, though we are continuing to collect data to finalize the needs assessment survey. The majority of respondents were women and most were AIAN. 37.2% reported being single with 26.1% reporting being married and 20.7% reporting living with someone. Over 40% reported an income of less than \$10,000 per year. 15.9% had not graduated from high school, 33.5% had received a high school diploma or GED, and 33% had some college or technical schooling. About 42.6% were unemployed in the past year.

We found that both women and men have a strong interest in ensuring greater access to a wide variety of services through a home visiting program. The majority of respondents were the biological mother of an AIAN child (53.2%), though 21.3% were fathers and 12.8% were aunts, grandmothers, or foster parents of an AIAN child under 5 and had primary care of this child.

Twenty-eight percent had lived in their current home for one year or less and 10.6% had moved two or more times in the past year. About 33% reported 5 or more people living in their home. Thirteen percent reported homelessness or unstable housing in the past year. A lack of money (67%), anxiety or stress (54.8%), running out of food (37.8%), unemployment (52.1%), and depression (35.6%) were the five most commonly reported problems experienced in respondents’ households in the past year.

43% of respondents had participated in a UIATF program before. 38.8% had experienced a home visit and 21.9% had experienced a mandated home visit. Participants noted that the most common changes they made to accommodate home visitors was cleaning and organizing their home. Several noted that the home visitors who came were awkward in relating to AIAN, unfriendly, biased, rude, and judgmental. Others felt their home visiting experience was intrusive and there was a lack of understanding on the part of the home visitor.

Trained community members and Elders were the two most popular types of home visitors hoped for in the future home visiting program. 70% of respondents felt it was important to have an AIAN home visitor visiting AIAN homes. 85.8% of respondents felt it was very important that the home visitor be professionally trained. 28.6% felt home visiting could be helpful in homes with a newborn, presenting an opportunity for education and awareness.

While the majority of respondents felt all groups could benefit from home visiting, parents who have problems with alcohol or drugs were thought to be the most in need of home visiting services (73.1% and

69.8%, respectively). Parents who are homeless (71.4%) and those with children experiencing emotional or behavioral issues (71.4%) were also thought to be in need of home visiting services. AIAN teen parents (61.3%) were another group respondents felt could benefit from home visiting.

Respondents identified transportation as a major barrier (89.9%). Bus vouchers were the most popular form of transportation assistance identified (82.2%).

88.2% thought it would be important to make maternal, infant, and newborn health services available to AIAN community members, particularly emphasizing prenatal care (72.3%) and substance abuse prevention services (72.3%).

76.5% felt it is important to make child injury prevention services available, particularly offering free safety gear (68.1%).

91.3% of respondents felt it is important to offer child abuse prevention services.

86% felt it is important to make parenting support services available, particularly stress management classes for parents (74.8%), Early Childhood Development training and information for parents (64.7% and 62.2%, respectively), and parent support groups (64.7%).

86.6% felt that it is important to include domestic violence support services. In particular, 72.3% indicated support for anger management classes, 60.5% support emergency shelter, and 59.7% support crisis services.

90.8% supported provision of services designed to assist in overcoming poverty, particularly help with housing (72.3%) and job applications (70.6%).

88.2% felt it is important to provide referral services such as housing assistance (79%) and substance abuse treatment (73.1%).

97.5% of respondents indicated support for including cultural resources in the home visiting program. 77.3% felt use of traditional stories in teaching AIAN children is an important tool to include. 75.6% felt that making healthy AIAN foods available to families is important. 74% felt making AIAN cultural activities available to families is important.

41% of respondents are currently interested in participating in a parenting program.

Qualitative Results

Resources Currently Used

By far the most commonly named resources included UIATF's programs (such as early learning programs) and the Seattle Indian Health Board (including their elders services, diabetes group and medical and dental care). Many community participants and elders seemed aware of these two organizations, although that could be due to a recruitment bias (as recruitment was done heavily through the two groups). Participants felt strongly that word of mouth was the most common way that they learned about services available to them.

*"I think Native Americans kind of work is just the word-of-mouth and – you know, if you use a program, most likely your friend's using the program."
– Caregiver*

Barrier: Lack of Awareness

One of the primary barriers to services that community members of all ages and service providers mentioned was a basic lack of awareness. Word of mouth from family, friends, and coworkers, Facebook, or a referral from a service provider were cited as the most common ways of learning about services, and if somebody lacked that network, participants said, they may have no way of knowing.

Barrier: Geography

Focus group participants reported that Urban AIAN are geographically scattered, compounding transportation difficulties and eligibility requirements based on zip code. They shared experiences of traveling long distances by car and public transportation so that they and their families would have access to Native-oriented services. UIATF's Daybreak Star center was specifically mentioned as being difficult and potentially unsafe to get to, particularly for those using public transit.

Barrier: Transportation

Transportation was one of the most commonly mentioned barriers to accessing services. Public transit may be time-consuming or unavailable, or services may not be located close to public transit routes. Even those with cars, participants pointed out, must be scrupulous about how they use expensive gas.

Bureaucratic Barriers

Focus group participants identified a myriad of bureaucratic barriers –processes that were designed to enhance convenience for the service providers rather than accessibility for clients. Interestingly, both community members and service providers seemed equally aware of these issues, but from different perspectives. One of the most prominent bureaucratic barriers addressed by both community members and service providers was eligibility. Programs providing services to AIAN communities limit eligibility by many factors, including substance use (or lack thereof), presence and age of children, place of residence, tribal enrollment status, age, and income. Finally, another key bureaucratic barrier identified was time. Many services are only available during times that caregivers with jobs are working, making it difficult (and potentially costly, in terms of lost wages) for them to access those services.

Barrier: Mistrust of Providers

Elders and caregivers stated that they and sometimes other community members did not access some services because of a lack of trust of services providers. Some caregivers feared that Indian Child Welfare, Child Protective Services, and other service providers were more focused on taking children than supporting parents.

"I could not relate to her at all, and that was just really uncomfortable for me to have some strangers like that in my home. They start asking about my powwow music, and I'm supposed to teach them about who I am or something and it kind of got on my nerves."

- Caregiver

Barrier: Culturally Incompetent Services

Both teachers and home visitors, community members felt, could misunderstand and potentially punish AIAN cultural expression. They also specifically identified school systems as lacking culturally competency for AIAN students. Elders also commented on the lack of traditional healing services and the fact that AIAN clients may prefer drop-in services to scheduled appointments. Providers acknowledged that even Native-oriented organizations could employ staff that lacked competence.

Currently Available Home Visiting Programs

Elders knew of some in-home services available to seniors, but none for infants and children. Some caregivers were familiar with some home visiting services for children, and named UIATF's programs, the Parent Child Home Program, and the Seattle Indian Health Board's children's insurance program specifically. They described the programs as promoting early literacy and, to some extent, supporting parenting.

Home Visiting Services: Early Learning & Health

One caregiver spoke at length about the value of early literacy for AIAN children. Elders mentioned the importance of computer literacy and outdoor education, even in early life. Service providers also mentioned that making sure that children are meeting developmental milestones and helping parents learn more about child development (and therefore feel more secure in their childrearing) were important components of a home visiting program. Finally, providers also mentioned the importance of doing well-child exams and making sure that children are up to date on immunizations and oral health needs.

Home Visiting Services: Referrals, Navigation, & Advocacy

Community members of all ages and service providers all felt that home visitors should be a connection to resources for families – and in some cases, elders and caregivers said, may further need to help families navigate systems of service provision or even advocate for them. They also both mentioned the need to offer resources rather than force participation, and to respect parents' authority over children.

Home Visiting Services: Rapport & Support

Community members and service providers all stressed the importance of building a positive relationship between home visitors and the families they serve. This is important to help overcome potential mistrust, particularly fear of being reported to government agencies and discomfort with an outsider coming in to the home. Supporting parents is viewed as a fundamental goal of home visiting programs. Service providers in particular stressed the power of listening to parents, giving them an opportunity to vent or voice worries and concerns. They felt that trust was a necessary foundation to be laid before a home visitor could help parents effectively.

Home Visiting Services: Visitor Qualities

Elders were particularly concerned that home visitors not be, essentially, mandatory reporters. Caregivers felt that visitors with AIAN heritage would be best able to understand AIAN families and overcome fears or mistrust on the part of parents and other caregivers. There seemed to be consensus that visitors should be very well-informed about local resources to facilitate connecting families with services that could meet their needs.

Culture in Home Visiting Services: Importance & Benefits

"I really would love a program that teaches about the culture and the heritage, not just about the ABCs and everything."

- Caregiver

There was broad consensus that it is both important and beneficial to incorporate AIAN culture into home visiting services for AIAN families. Community members felt that someone who wasn't grounded in AIAN culture would misjudge their homes and lifestyles, and wanted someone who would support their desire for a connection to AIAN culture for both themselves and their children. Youth were enthusiastic about opportunities to learn more about their heritage, and pointed out that not all families

have the "luxury" of knowing about their culture and heritage. Additionally, current home visiting service providers reported challenges using a curriculum that isn't necessarily culturally relevant to AIAN families, and pointed out the potential health value of learning about native foods.

“Elders are good. They know everything. They’ve been here longer than us.”

- Caregiver

Culture in Home Visiting Services: Elders

There was broad consensus that elders have valuable knowledge to share with younger families, including cultural, historical, and practical parenting knowledge. Elders pointed out that many families already trust them as a source of knowledge and resources. Elders and caregivers alike said that elders’ wisdom gained from their own

life experiences could help guide younger families, and that respecting elders was seen as an important cultural value to instill in children. And many urban AIAN families, they pointed out, do not have their own elders for a variety of reasons, and could benefit from elders as support, mentors, and role models. Caregivers and youth expressed a rich appreciation for what they learned from elders, including not only life lessons but history as well. Elders could also pass on cultural knowledge, including language, crafts, and stories, they said.

Context of AIAN Communities in King County

Challenge: Historical Trauma

Elders and community members shared family experiences of being in boarding schools, having their families broken up and their languages lost. A caregiver told of how their family had been broken up by relocation programs. Elders in particular talked about the history of inappropriate jurisdiction over families taken by the State of Washington, when tribes should have been involved instead. As a result of historical trauma such as this, one elder posited, “I don’t think we even understand our own culture.”

“My parents didn’t know because they were raised in a boarding school. My grandparents were raised in a boarding school.”

- Elder

Challenge: Experiences of Racism & Discrimination

Community members of all ages shared many stories of experiencing both blatant and subtle racism from schools, service providers, and the general public. Caregivers expressed fear of how prejudice would impact their children; as one said, “I wish that my son would grow up not knowing about these stereotypes and not the Native Americans drinking or – all of that.” Parents were also concerned about how their children were treated in school, and cited navigating the school bureaucracy and dealing with inappropriate discipline for their children as a significant source of stress. Specifically, they worried about their children during education about Native American history, when they might be the only AIAN person in the room, and youth validated this concern, telling how they had been singled out and teased by classmates because of what they were taught. One mother told how she beaded her son’s cap and gown and the school district refused to let him wear them for graduation. While

“You feel and know there is still prejudice against all Natives, all tribes. And it’s really horrible. It’s terrifying, it’s disgusting, and it makes you angry. And there again, you have this stress, and you can’t take it out.”

-Elder

community members perceived racism affecting many aspects of their lives, service providers did not identify it as a major challenge in AIAN communities.

Challenge: Poverty

Both community members and service providers identified poverty as a significant challenge for many AI/AN families, limiting their access to everything from housing to food, clothing, gas, and prescription drugs. One mother told the story of how Child Protective Services became involved with her family after her children wore dirty clothing to school, when she had no washer and no income to use for doing laundry. Some families struggled with unemployment, while services providers reported that even fully employed families were often members of the “working poor.” And as one observed, “the financial stress leads to a whole bunch of other stresses.” AIAN poverty can be seen as resulting, at least in part, from

the discrimination and history of oppression described above, and as contributing to many other barriers and challenges, from domestic violence to lack of transportation.

Challenge: Housing & Homelessness

Focus group participants identified homelessness and housing as a major challenge in their community. Some elders and caregivers shared that they were currently or had been homeless themselves, and service providers in turn said that they worked with a number of homeless families. Even some of those who were not homeless had moved frequently (as much as six times in the last year) for lack of stable housing, or had trouble accessing affordable housing. Shelters, motels, and friends and family were identified as some resources families in need of housing used, but shelter space was seen as inadequate and sometimes shelters do not accept children or break families up. Homelessness, community members said, also produces a lot of fear, especially fear for parents that their children will be taken away from them, that can prevent some of the neediest from accessing services.

"I have two sons and two daughters-in-law, a grandson, a granddaughter, and another grandbaby on the way, and they're living in an apple box by the railroad track."

- Elder

Challenge: Substance Abuse

Community members identified substance abuse and particularly alcoholism as a source of stress for AI/AN families, with some sharing that they had parents, children, or a partner that abused substances. They saw this as affecting not just the individuals struggling with substance abuse, but their entire families as well. And they pointed out that sometimes, tragically, alcoholism could lead to death.

Challenge: Domestic Violence

Community members saw domestic violence as a source of stress for some AIAN families. They saw other forms of stress, like money worries, contributing to it, and in turn domestic violence contributing to homelessness and other problems. Service providers agreed that it was something they saw families dealing with on a regular basis.

Challenge: Mental Health

Community members mentioned that they saw people dealing with depression, post-traumatic stress disorder, suicidality, and other mental health challenges. Access to and acceptance of treatment (including pharmacotherapy when appropriate) was also mentioned by one elder as a challenge. Like other challenges described here, mental health issues cannot be seen in a vacuum but rather as deriving from and contributing to other stressors AIAN families deal with.

Resilience

In the face of challenges ranging from historical trauma to access to transportation, members of AIAN communities in King County are incredibly resilient. Being connected to culture and engaging in supportive relationships were the two most commonly discussed sources of resilience, and using culturally appropriate services was also described as potentially helpful. However, focus group participants also mentioned a wide variety of creative strategies for dealing with stress, such as writing poetry, going for a walk or a drive, and having a pet.

Resilience: Connection to Culture

One of the most important sources of resilience for AIAN families that community members and service providers identified was maintaining and developing their connection to Native culture. Community events such as powwows and culture nights were cited as one way to maintain this connection. Groups like drumming or dancing groups can offer opportunities for cultural expression as well as being a

supportive community in and of themselves. Caregivers felt strongly that they wanted their children to learn about and be proud of their culture, and youth in turn expressed desire to learn more about and participate in their culture. Caregivers and service providers also felt that being around elders was an important way to learn about and participate in their cultural heritage. Finally, one service provider discussed the power of traditional spiritual practices, including prayer and song.

Resilience: Supportive Relationships

Having a supportive network was described as a vital source of resilience by community members and caregivers alike. Caregivers mentioned family activities like playing basketball, playing board or card games, going for a walk, and going to the library or the park as ways to relieve stress together. Calling a friend or family member was also seen as a valuable strategy for dealing with stress. Some participants shared that they themselves or people they knew relied on family members for housing, transportation for themselves or their children, and caregiving.

Resilience: Culturally Relevant Services

Community members identified culturally relevant services, like counseling or self-help materials, as ways to address stress in their lives. Community members also discussed the value of being able to share information about services with each other – learning about resources from a friend or family member, and seeking resources to share with loved ones. In fact, many focus group participants did just that during the group, letting other group members know of services that had been helpful to them or that might assist with an issue brought up by another participant.

Summary

While the AIAN community in King County faces many risk factors and systemic barriers such as discrimination and lack of services, it retains many protective aspects of all AIAN communities. Respondents to our survey and participants in our focus groups expressed strong support for AIAN culture as a way to reach and support AIAN families in King County. Youth were especially interested in learning about ways to gain cultural knowledge and support. Elders were very interested in learning about ways to become involved in sharing their experience and cultural knowledge. While the tribes represented in the AIAN population in King County are diverse, respondents articulated a commonality of respect for culture, elders, and the role of mothers and fathers that is intertribal and crosscutting.

The qualitative findings from the Talking Circles closely aligns with the data gathered through the survey as well as the programmatic and demographic data for AIAN services and the overall population in King County. We invite you to read a more detailed version of this summary in the full needs assessment report on our website www.unitedindians.org.

For more information, please contact:

Katie M. Hess
Program Manager
Ina Maka Family Program
United Indians of All Tribes Foundation
e. khess@unitedindians.org
p. 206.726.6288 ex. 126