

First Kids 1st Data Resource Book

Helping Native Youth Thrive Through Research and Data



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Overview of the First Kids 1st Initiative

The First Kids 1st initiative is a national collaborative effort comprised of leading American Indian and Alaska Native (AI/AN) organizations, allies, and partners from all backgrounds focused on changing national, tribal, and state policy to create conditions in which AI/AN youth can thrive. The First Kids 1st initiative works to cultivate and nurture strategies and policies that help create and strengthen systems of support for AI/AN youth in their communities.

The First Kids 1st effort is led by four founding partners: the National Congress of American Indians; the National Indian Child Welfare Association; the National Indian Education Association; and the National Indian Health Board.

Purpose of this Data Resource Book

The First Kids 1st team believes that the solutions and systems of support for Native youth to thrive reside in four main areas: Healthy Lifestyles; Successful Students; Supportive Environments; and Vibrant Communities (Figure 1).



Figure 1. First Kids 1st Data Indicator Framework

The four areas in the First Kids 1st Data Indicator Framework align with socio-ecological models that encourage efforts and interventions to focus on individual, social, and environmental factors. Examples of these factors include individual, interpersonal, organizational, community, and public policy factors to promote change in individuals (McLeroy, 1988). While the impacts of these areas all interact with each other, the First Kids 1st team chose these four areas to help define some clear areas for intervention to help Native youth thrive.

What Factors Help Native Youth Thrive?

Efforts to help Native youth thrive can be informed by research and data. Research can reveal protective factors that may help Native youth thrive that tribal nations can incorporate in their systems of support for Native youth. Research also can show risk factors and barriers that interventions must address to be successful in helping Native youth thrive.

The FK1st team conducted a literature review to review research in the past five years on factors that help Native youth thrive (protective factors) and factors that may be barriers (risk factors) for Native youth to not thrive. The literature review found 52 research papers in the last five years that met the search criteria and these papers are included in an annotated bibliography in the appendix to this document. The literature review is focused on research in the past five years and is not a review of all research studies.

A summary of the literature review findings is included in this section under the four categories in the First Kids 1st Data Indicator Framework. While there is a lot of overlap among the categories, research findings were placed in the data indicator categories where they fit best.



Healthy Lifestyles

Research on factors that can help promote healthy lifestyles so that Native youth can thrive revealed several **protective factors**. **Self-efficacy** was the most commonly cited factor, which is an individual's belief or confidence in their own ability to accomplish their desired goals (Bandura, 1986). The research reported that self-efficacy is a significant factor to help individuals achieve good nutrition (Kulinna, 2017; Towns, 2014), physical activity (Kulinna, 2017), sexual health (Schanen, 2017), mental health (Snowshoe, 2017), and overall well-being (Henson, 2017). The ability to identify future goals or aspirations has been found to be protective against depression and anxiety (Henson, 2017), and a promoter of overall health (Jen, 2016).

Resilience, which is a process of successfully coping with sources of stress or trauma (Windle, 2011), is thought to develop over time and through adversity and other experiences. Our review found that the type of experience that can help build resilience can be provided in interventions and activities that promote physical activity (Kulinna, 2017; Short, 2018), nutrition (Tomayko, 2016; Towns, 2014; Triador, 2015), and relationship skills as they relate to sexual health (Schanen, 2017) and mental health (Crooks, 2017; Ritchie, 2014; Usera, 2017). These types of experiences in interventions and activities can result in positive changes such as food preference (Triador, 2015),

improved food choice (Towns, 2014), improved consumption of fruits and vegetables (Tomayko, 2016), increased knowledge of healthy foods (Eskicioglu, 2014; Genuis, 2014), intention to exercise (Towns, 2014), knowledge of self and selfconfidence (Crooks, 2017), ability to communicate with adults (Usera, 2017), relationship skills and knowing abilities (Crooks, 2017, Markham, 2015; Ritchie, 2015), increased knowledge about condoms and HIV or Sexually Transmitted Infections (STIs), higher self-efficacy to access and use condoms, and reasons to not have sex and self-regulation (Schanen, 2017). Self-control was found to be protective against early sexual debut and fewer sexual partners in early adulthood (Greene, 2018).

Healthy Lifestyles

Factors found to promote healthy lifestyles include:

- Self-efficacy
- Resilience
- Cultural Connectedness
- Barriers to exercise, nutrition
- Bullying
- Dating Violence

Research has also shown that youth desire more opportunity to learn how to cook (Kelly, 2017), learn more about cultural practices (Lines, 2019), and to have more open communication with adults about life situations and emotions (Jen, 2016). Good habits such as adequate sleep were found to be protective against obesity (Ingram, 2018).

Cultural connectedness was associated with self-efficacy in the context of alcohol use where cultural identity was found to be protective against alcohol use (Tingey, 2016). Identity with ethnic culture was also positively correlated with self-esteem and optimism. Cultural identity and traditional AI/AN family structures have been shown to support positive self-identity (NICWA, 2016).

A number of **risk factors** act as barriers to Native youth achieving healthy lifestyles. The literature review revealed a number of factors where interventions may help overcome these barriers. **Barriers to exercise** include time demands, transportation, illness, even if healthy financial incentives are provided (Short, 2018), and a belief that physical activity is too much work (Kulinna, 2017). Physical activity is an important part of achieving a healthy weight to help prevent chronic health conditions such as diabetes, hypertension, heart disease, and cancer. Good **nutrition** is also important, but research has found that there is confusion about healthy versus unhealthy food (Genuis, 2014; Kelly, 2017), and even with school-based nutrition education intervention, home based consumption of fruits and vegetables did not increase (Triador, 2015). Frequent snacking and continued bottle/sippy cup use with beverages besides water were found to be risk factors for early childhood dental caries (Murphy & Larsson, 2017).

Experiencing or being concerned about **bullying** by others has been found to be associated with internalizing behaviors, such as anxiety, poor self-image, and self-deprecation among 8-11th grade youth (Gloppen, 2018). **Dating violence** has also been found to be a concern (Shegog, 2017). Another study found that among 5-12th grade high ability youth, students had concerns about bullying and not having the ability to deal with feelings and emotions (Jen, 2016). Also, adolescents who had **aggressive or**

impulsive behaviors have been found to be at greater risk of engaging in heavy binge alcohol use (Tingey, 2016).

These examples of protective and risk factors can be addressed through action and intervention to help Native youth thrive through healthy lifestyles.



Successful Students

Research on protective and risk factors for Native youth to thrive as successful students is critical since school is a place where youth spend a significant amount of time. **Protective factors including school connectedness**, defined as youth investment in and enjoyment of school as well as how successful the youth feel at school, were found to be significantly associated with cultural identity (Snowshoe, 2017). School attachment or connectedness has been found to be a protective factor against early sexual debut and is associated with a smaller number of sexual partners in later life (Green, 2018).

School bonding can be protective against binge alcohol use (Tingey, 2016).

School can be a resource for general health promotion such as educational opportunities, organized sports within the school, and education transition programs offered through colleges and universities (Yi, 2015) and school can provide a place of belonging, connection, and be vital to health (Lines, 2019). Because youth spend much of their day in school, it is important to address the impact of the educational environment. FitzGerald (2017) found that a strong relationship with school was protective against suicide attempts, while Gloppen (2018) reported that feeling safe at school was a protective factor against bullying and suicide attempts.

Successful Students

Factors found to promote successful students include:

- School connectedness
- School resources
- Finding balance among school, cultural connections, and personal aspirations

Risk factors for hindering student success are extensive but recent research studies have found that compared to other racial/ethnic groups, Al/AN students valued school the lowest and had significantly lower educational aspirations (Irvin, 2016). Another study of grandparents raising grandchildren found that while grandparents supported educational achievements, this support reduced time for traditional education such as cooking Native foods (Lewis, 2018).



Finding balance among school success, cultural connection, and personal aspirations may be an important strategy for interventions that aim to promote successful students.

Supportive Environments

Native youth can thrive when they are in supportive environments. Research on protective factors often includes **social support** from mentors, peers, and family. Connecting youth with role models is important in promoting general health and wellness (Yi, 2015). Another study found that high ability youth from grades 5-12 reported wanting to have a caring adult with whom they could talk about relationships (Jen, 2015). The presence of **caring adults** within in the community was found to be associated with higher condom use (Green, 2018). Established relationships with a caring adult were found to result in fewer suicide attempts among students in grades 9-12 (FitzGerald, 2017) and fewer emotional problems and symptoms of social anxiety among 6-17 year olds (Dewit, 2017). In another study, caregivers described their purpose as acting as a **role model** to teach appropriate behaviors and being a wisdom bearer of cultural knowledge (Lewis, 2018). The need for guidance, spiritual knowledge, and a role model extends beyond childcare and into the transitional period toward young adult life (Friesen, 2014).

Using family as a resource in alcohol abuse and suicide prevention programs that aim to increase youth strategies to solve problems and cope with stress has shown that family protective factors increase with program delivery (Allen, 2014). In other studies, family closeness was found to be the strongest protective factor against alcohol use (Tingey, 2016), and family support was protective for having a lower number of sexual partners and higher condom use (Greene, 2018).

Parents play an important role for demonstrating healthy habits that impact healthy weight and oral health, including decreased screen time (Tomayko, 2016) and introducing healthy table foods into their child's early life (Cidro, 2014). Grandparents may also play an important role in providing the care and necessities needed by youth (Lewis, 2018).

Supportive Environments

Factors found to promote supportive environments include:

- Social support
- Caring adults
- Role models
- Family
- Parents
- Peer support
- Residential stability

Peer support has been found to predict intention to be physically active. Associating with non-deviant friends was protective for having a lower number of sexual partners and strong partner communication was protective against early sexual debut (Greene, 2018). Collective social norms about healthy body weight has been found to support healthy body image (Gates, 2014). Connectedness, whether through family, non-familial, or peer support, has been found to promote positive general health (Henson, 2017) resilience and well-being among Native youth (Ritchie, 2014).

Among family households, **residential stability** was reported to be protective against alcohol use (Tingey, 2016) and two-parent households were protective against early sexual debut (Greene, 2018). Youth transitioning to young adulthood emphasized the need for a safe, consistent environment where they could discuss difficult issues (Friesen, 2014).

Risk factors that are barriers to supportive environments include **poor family relationships**, which has been found to negatively affect youth health and wellness (Yi, 2015), and **poor family functioning**, which has been found to be the greatest risk factor for heavy binge drinking among youth (Tingey, 2016). High **parental stress** was associated with more unhealthy food options in the house, fewer homemade meals, and heightened pressure for children to eat (Berge, 2017). The availability of food, or **food security**, was impacted by the family's financial ability to purchase food and the food options available within their community (Genuis, 2014). Among food insecure households, there was lower consumption of vegetables and higher consumption of fried potatoes and sugar-sweetened beverages (Tomayko, 2017). A preference for unhealthy foods among youth age 10-14 was influenced by family members' own food preferences and food that was available in the home (Jahns, 2015; Kelly, 2017). Caregivers from food insecure households tended to have lower levels of education, less income, and were younger in age (Tomayko, 2017).

Peer relationships were found to impact resilience, delinquency, and alcohol use among older children and adolescents (ages 10-19). Youth who associated with **delinquent or devious peer groups** were at increased risk for delinquency themselves (Sittner,

2016), alcohol use (Tingey, 2016), and lower reported wellbeing (Ritchie, 2014). While the disruption of positive peer relationships, such as having an argument with a friend or having poor peer social relations was found to increase alcohol use (Tingey, 2016), early dating was associated with delinguency (Sittner, 2016).



Vibrant Communities

Communities that **create opportunities** for their youth can help Native youth thrive. Community opportunities and support were associated with reasons for life (Allen, 2014; Mohatt, 2014) and positive general health (Henson, 2017). Youth living in urban environments were reported to benefit from access to government and community/institutional support and greater educational and employment opportunities (Yi, 2015). Youth were found to want more opportunity to be involved and engaged with community and cultural efforts (Lines, 2019).

Economic opportunity can help Native youth thrive. A higher family income was associated with lower BMI (Ingram, 2018) and decreased risk of delinquent behavior (Sittner, 2016). A study offering child development accounts (CDAs) to reduce parent stress found that parents who received these college savings plans screamed at their child less and played with and praised their child more (Nam, 2016).

Culturally-grounded programs contributed to general health and wellness (Yi, 2015), increased levels of community value (Ritchie, 2014), and were presented as an opportunity to strengthen cultural ties and knowledge to promote general health and

wellness. Strengthening culture, including language learning, may have the potential to benefit interpersonal relationships and individual choice (Lines, 2019). Culturally-based interventions were often incorporated to promote healthy weight (Towns, 2014), which allowed opportunities to provide nutrition education and introduce children to new and healthy foods (Mattingly, 2016).

Access to health care was found to promote general health and wellness (Yi, 2015). Studies found that most children (83%) had an established primary care provider (Chambers, 2015), and programs such as community health worker programs contributed to community members being able to access health care locally (Chernoff, 2017).

Healthy weight interventions in schools frequently resulted in **policy changes** that promoted child health (Towns, 2014). Similarly, breastfeeding practices increased with hospital and Women,

Vibrant Communities

Factors found to promote supportive environments include:

- Community opportunities
- Economic opportunities
- Culturally-ground programs
- Access to health care
- Health policy changes
- Food security
- Safe, affordable housing
- Systemic risk factors

Infants, and Children (WIC) policy changes, Baby-Friendly designated hospitals, and the inclusion of larger food packages and free breast pumps offered through WIC programs positively promoted breastfeeding (Louis-Jacques, 2017).

School-based interventions can train and prepare teachers to connect children and their families to wrap-around services when appropriate (Weinstein, 2014). Lastly, some evidence suggested that access to organized sports and activities within the community (Yi, 2015) and promoting positive social norms (Henson, 2017) were protective of general health.

Risk factors to vibrant communities include **food insecurity.** In one study, most households were found to be food insecure and these rates were higher among those living in urban areas (Tomayko, 2017). The distance that households had to travel to obtain food largely impacted food insecurity (Jahns, 2015; Tomayko, 2017) as did cost (Jahns, 2015). When food was available, it was most commonly purchased from convenience stores or abundant fast food options (Kelly, 2017) likely because local supermarkets were found to be unavailable as an option to providing healthy foods (Genuis, 2014) and acquiring foods from nature was found to be challenging (Yi, 2015).

Access to affordable and safe housing is critical to Native youth thriving. Research studies have found inappropriate living environments (Yi, 2015) that contributed to health issues like asthma and allergy (Pacheco, 2015). Researchers found home environments with several risk factors for health with the clear majority of homes having visible dust and clutter, missing working smoke and/or carbon monoxide detectors, using candles and air fresheners contributing to chemical exposure, structural damage, airflow issues, and most stoves lacked external exhaust systems for ventilation while cooking (Pacheco, 2015).

Systematic risk factors such as transgenerational trauma, colonial policies, stigma, racial discrimination, marginalization, poverty, and inability to access resources impacted the general health and wellness of youth (Yi, 2015).



Summary – Factors to Help Native Youth Thrive

Our review of new research findings in the last 5 years on factors that help Native youth thrive, including both protective and risk factors, can be used by tribal nations and others to determine the types of interventions that are needed. While this is not an exhaustive review of the literature, it represents the most recent research findings that can help inform new policies and actions to help Native youth thrive. The findings of the literature review are summarized in the table below (Figure 2).

Figure 2. Summary of Protective and Risk Factors for Native Youth to Thrive

Protective Factors	Data Indicators	Risk Factors
Self-efficacy Cultural identity Resilience Opportunity Self control Relationship skills Good habits Cultural connectedness	Healthy Lifestyles	Bullying Dating violence Lack of nutrition knowledge Inability to cope with emotions
School connectedness School attendance Favorable attitude of school School as a resource for health promotion	Successful Students	Family view of education Value of education Low educational aspirations
Social support Mentors Family closeness Feeling safe at school Residential stability Household income	Supportive Environments	Devious peer groups Poor family relationship Lack of health knowledge Poor health habits among caregivers Food insecure households
Income Opportunity Support Culturally-based interventions Access to health care	Vibrant Communities	Distance to obtain food Cost of food Lacking healthy food options Home environment Systematic barriers

Are Native Youth Thriving?

Data indicators are one way to measure whether Native youth are thriving. There are numerous ways to measure data indicators in each of the four areas of the First Kids 1st Data Indicators Framework. The following section highlights some key indicators in each area and examples of the latest available data. When possible, the data is disaggregated from national indicators to regional or state data, or is displayed to compare with other racial and ethnic groups. The First Kids 1st partners encourage tribal nations to also collect data locally and to monitor progress over time.



Healthy Lifestyles

The First Kids 1st team developed a list of data indicators that can help assess whether Native youth are thriving in terms of healthy lifestyles:

Physical Health

Examples include rates of obesity, overweight, birthweight, physical activity, breastfeeding, early onset of preventable diseases such as diabetes, hypertension

Behavioral Health *Examples include rates of suicide, depression, access to services*

Substance Abuse

Examples include rates of cigarette use, alcohol abuse, opioid abuse, meth abuse

Environmental Factors

Examples include access to healthy foods, safe areas to exercise

Examples of Current Data: Healthy Lifestyles

• Physical Health - Obesity

The overall prevalence or proportion of Al/AN children with obesity ages 2 to 19 years in FY 2015 was 29.7 percent, which is higher than the 17.4 percent of U.S. children as reported in the NHANES study (Skinner, 2016). While the overall prevalence of obesity in Al/AN children has stayed relatively stable since 2006, there are differences by age group and by region (Bullock, 2017). Figure 3 illustrates differences by Indian Health Service (IHS) region compared to the overall prevalence in all regions.



Obesity = BMI ≥ 95 percentile for weight; Data Source: IHS National Data Warehouse. Reference: Bullock (2017)

Figure 3. Obesity Prevalence in Al/AN Children

Physical Health – Birth Weight

In an analysis of the 2014-2016 U.S. Birth File, small differences were found between White and Al/AN low birth weight prevalence overall (Dennis, 2019). However, when compared by age groups, the prevalence of normal birth weight decreased more as age increased for Al/AN mothers compared to Whites. Figure 4 shows the comparison of the prevalence of normal birth weight by age. The analysis also found that the prevalence of high birth weight was greater in Al/ANs compared to other racial/ethnic groups, likely due to the higher prevalence of gestational diabetes in Al/ANs.



Source: U.S. Birth File 2014-2016 - Dennis (2019)

Figure 4. Normal Birth Weight by Age

Physical Health - Behavioral Health

Suicide rates are increasing in the U.S. overall, but they are increasing faster in AI/ANs. In a recent analysis (Curtin, 2019), the overall age-adjusted suicide rate in the U.S. increased 33 percent from 1999 to 2017. However, during the same time period, age-adjusted suicide rates increased by 139 percent for AI/AN females and by 71 percent for AI/AN males during the same time period. Figure 5 shows the rates for AI/AN females compared to other racial/ethnic groups (adapted from Curtin, 2019).



Source: NCHS, National Vital Statistics System, Mortality - Curtin (2019)

Figure 5. Age-Adjusted Suicide Rates

Physical Health - Substance Abuse

In a comparison of substance use among reservation-based American Indian adolescents with national rates among U.S. youths (Swaim, 2018), rates of substance use for reservation-based American Indian adolescents were greater than a similar group of U.S. youths in grades 8, 10, and 12. Figure 6 compares the last-30 day prevalence of alcohol and drug use for Al/AN students in grade 8 with a national sample of students in the same grade.



Source: Our Youth, Our Future (OYOF) Survey of reservation-based American Indian students; Monitoring the Future (MTF) Survey, national sample – Swaim (2018)

Figure 6. Alcohol and Drug Use Rates, Grade 8

Physical Health - Environmental Factors

In a USDA analysis, access to healthy food, as defined by distance to a supermarket, was about two times greater for individuals who lived in Al/AN areas compared to all U.S. individuals (Kaufman, 2014). Figure 7 shows the percent of individuals and households more than one mile from a supermarket for U.S. individuals and three different Al/AN areas.



Source: USDA, Economic Research Service - Kaufman (2014)

Figure 7. Individuals and Households More Than One Mile From a Supermarket

Successful Students

The First Kids 1st team developed a list of data indicators that can help assess whether Native youth are thriving as successful students:

School Enrollment

Examples include Native, rural schools, disabilities, poverty, full time teachers

Graduation Rates

Reading, Math Proficiency

Education Resources

Examples include broadband access in school, college prep participation

Language Immersion Programs

Post-Secondary Education

Examples include enrollment, completion, and persistence (by type of colleges, programs)

Examples of Current Data: Successful Students

• Successful Students - Graduation Rates

Graduation from high school is an important milestone for youth. However, the percent of Al/ANs who have not completed high school is higher than the overall U.S. rate and rates for most other groups (de Brey, 2019). In Figure 8, the percent of adults age 25+ years who have not completed high school is displayed by race/ethnicity with data from 2010 and 2016.



Source: U.S. Department of Commerce, Census Bureau, American Community Survey, 2010 and 2016; Digest of Education Statistics, Table 104.40, de Brey (2019)

Figure 8. Percent of Adults Who Had Not Completed High School

Successful Students - Reading, Math Proficiency

In 2016, grade 8 reading (Figure 9) and mathematics (Figure 10) scores for AI/AN students were somewhat lower than most other groups (de Brey, 2019).



Figure 9. Average NAEP Reading Scale Scores – 8th Grade Students



Figure 10. Average NAEP Mathematics Scale Scores – 8th Grade Students

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Successful Students - Post-Secondary Education

Graduation rates can be measured a variety of different ways depending on the type of institution, degree, and how long it takes to graduate. Figure 11 shows graduation rates for students pursuing a bachelor's degree at a 4-year degree granting institution for the first time who entered in 2010 and who graduated in 4, 5, and 6 years (de Brey, 2019). In these data, AI/AN students have the lowest overall graduation rates.



Source: U.S. Department of Education, National Center for Education Statistics, IPEDS - de Brey (2019)

Figure 11. Post-Secondary Graduation Rates by Race/Ethnicity and Time to Completion

Supportive Environments

The First Kids 1st team developed a list of data indicators that can help assess whether Native youth are thriving in terms of being in supportive environments:

Child Welfare

Examples include number of children in foster care, children in kinship vs. nonrelative care, exiting care with parent or relative, length of stay in/out of home care

Child Care

Language

Family

Examples include Al/AN multigenerational families

Tribal/State Intergovernmental Agreements

Examples include agreements that define shared responsibilities or facilitate the sharing of child welfare funding or other resources

Examples of Current Data: Supportive Environments

• Supportive Environments – Foster Care

Al/AN children are overrepresented in foster care. They are 2.1 percent of all children who are placed outside their homes in foster care, but are just 0.9 percent of the U.S. population. They are disproportionately represented in foster care (NICWA, 2017). Figure 12 illustrates the 15 states with the highest levels of disproportionality for Al/AN children in foster care in 2014, in descending order.

State	Percent of Children who are Al/AN in State (a)	Percent of Children in Foster Care who are Al/AN (b)	Disproportionality Rate (b/a)
Minnesota	1.4%	23.9%	17
Nebraska	1.1%	9.3%	8.4
ldaho	1.2%	6.0%	5.2
lowa	0.3%	1.7%	4.8
Wisconsin	1.1%	5.1%	4.8
Washington	1.5%	6.3%	4.3
Oregon	1.2%	4.9%	4.0
Montana	9.5%	36.9%	3.9
North Dakota	8.1%	31.4%	3.9
South Dakota	12.9%	47.9%	3.7
Alaska	17.8%	46.6%	2.6
Utah	0.9%	2.3%	2.5
New Hampshire	0.2%	0.5%	2.3
California	0.4%	0.8%	2.0
North Carolina	1.2%	2.4%	2.0
Massachusetts	0.2%	0.2%	1.2
Maine	0.8%	0.9%	1.1

Adapted from NICWA (2017)

Figure 12. AI/AN Disproportionate Overrepresentation in Foster Care – Top 15 States

• Supportive Environments – Child Care

Child care can provide a supportive environment for AI/AN children. However, many AI/AN children are more likely to live in states that are considered "child care deserts." Figure 13 shows the percent of the population by race/ethnicity living in areas considered child care deserts, which means there is not at least one child care provider and/or there is a larger ratio of children under 5 to the cumulative child care capacity (Malik, 2018).



Source: U.S. Census Bureau, American Community Survey, 2016 ACS 5-Year Estimates, author calculations - Malik (2018)

Figure 13. Percent of Population Living in Child Care Deserts

Supportive Environments – Single Parent Families

The percent of Al/AN children under 18 in single parent families is higher than all racial and ethnic groups except for Black or African American (Figure 14) (Annie E. Casey Foundation, 2019). However, the evidence as to whether living in a single parent household results in positive or negative impacts is still in progress. Other factors, including the circumstances under which the family became a single parent family, likely have more impact related to outcomes (Schmuck, 2013).



Source: Population Reference Bureau, U.S. Census Bureau, 2017 American Community Survey, analysis in National KIDS COUNT, Annie E. Casey Foundation (2019)

Figure 14. Percent of Children in Single-Parent Families by Race

Vibrant Communities

The First Kids 1st team developed a list of data indicators that can help assess whether Native youth are living in vibrant communities:

Poverty Status Examples include percent under poverty level, income levels

Home Ownership Examples include percent home ownership, occupants per room

Public Assistance Examples include Food stamps

Family Composition

Examples include living with/responsible for a grandchild

Resources

Examples include phone, vehicles, water/sewer, computer/internet access

Examples of Current Data: Vibrant Communities

Vibrant Communities - Poverty Status

The percent of AI/AN children living in poverty is high compare to other racial and ethnic groups. Figure 15 shows the percent of children under age 18 in poverty by race/ethnicity (Annie E. Casey Foundation, 2019). Poverty is defined as children under age 18 from families with incomes below 100 percent of the U.S. poverty threshold defined by the U.S. Census Bureau, which in 2017 meant income below \$24,858 for a family of two adults and two children. Also, poverty indicators often do not include sources of income that many AI/ANs have access to, such as subsistence activities and other tribal resources (Akee, 2019).



Source: Five-year American Community Survey (ACS) data, National KIDS COUNT, Annie E. Casey Foundation (2019)

Figure 15. Percent of Children in Poverty

Vibrant Communities - Home Ownership

Homeownership provides stability to families and their children and can be a key asset to help build wealth for the future. The percent of households that are homeowners by race/ethnicity is shown in Figure 16 (Prosperity Now, 2019).



Source: 2017 American Community Survey, U.S. Census Bureau; 2019 Prosperity Now Scorecard.

Figure 16. Percent Homeownership by Race/Ethnicity

Vibrant Communities - Public Assistance

The distribution of households participating in the Supplemental Nutrition Assistance Program (SNAP) varies by race and ethnicity. Figure 17 shows "Native American, not Hispanic" participation compared to other groups (USDA, 2017).



Source: FY 2017 Supplemental Nutrition Assistance Program Quality Control sample - USDA (2019)

Figure 17. Percent of SNAP Participants by Race/Ethnicity

Vibrant Communities – Resources

In this increasingly online world, access to the internet is important for AI/AN children. Figure 18 illustrates the percent of children ages 3 to 18 that have no internet access at home by race/ethnicity in 2010 and 2017. AI/AN children have the highest rate of no internet access at home (McFarland, 2019).



Source: U.S. Department of Commerce, Census Bureau, Current Population Survey (CPS), October 2010 and November 2017 – McFarland (2019)

Figure 18. Percent of Children Ages 3 to 18 with No Internet Access at Home

Local Data Indicators

The examples of data indicators listed above include data on the national, state, or regional level. The First Kids 1st partners encourage tribal nations to do their own local data collection and analysis to monitor data indicators of interest to them so that they can measure how Native youth are thriving in their communities. However, in a recent survey, tribal nations indicated that they need more resources, training, and technical assistance to conduct their own censuses and surveys (NCAI Policy Research Center, 2017).



How can Tribal Nations help Native Youth Thrive?

First Kids 1st Call to Action

The goal of the First Kids 1st initiative is to encourage tribal nations to take action to implement or strengthen systems of support to help Native youth thrive. As a result of our analysis of data indicators and our literature review of factors that help Native youth thrive, we found that:

- The research and data tell us that interventions can occur in a variety of areas
- There is no one answer on how to help Native youth thrive
- Tribal nations and communities must determine for themselves where they need to intervene to help Native youth thrive
- Data can help identify priority areas for intervention



First Kids 1st Theory of Change and Evaluation Framework

The First Kids 1st partners developed a theory of change to help drive their efforts to help Native youth thrive and to ensure that they were evaluating their efforts towards short term, intermediate, and long term outcomes. The First Kids 1st Theory of Change illustrates how project activities can result in desired outcomes (Figure 19):



The First Kids 1st team used their theory of change to develop an evaluation framework to understand how their main project activities will lead to specific short-term, intermediate, and long term outcomes. This evaluation framework was used to develop evaluation tools to ensure that activities were on track to achieve the desired outcomes (Figure 20):



As tribal nations develop their activities and interventions to strengthen or create systems of support for Native youth to thrive, developing a theory of change and an evaluation framework can help understand how their activities can lead to specific outcomes and how to determine the best evaluation measures to use in evaluation of program activities.

First Kids 1st Community Asset Mapping Pilot Project

Tribal nations can conduct community asset mapping to help determine areas of need and priorities for actions to help Native youth thrive. The First Kids 1st piloted a Community Asset Mapping Pilot Project with tribal communities to help them identify actions to take to help Native youth thrive. The development of the Community Asset Mapping Pilot Project was intended to help drive outcomes toward more intermediate outcomes for our project, which would be tribal nations taking specific actions on systems of support for Native youth to thrive. In order to take action, community asset mapping can help tribal nations and communities identify priority areas for action.

The FK1st Community Asset Mapping Pilot Project consisted of the following **key** elements:

- The **purpose** of community asset mapping is to gather information on resources in the community that contribute to Native youth thriving
- The **approach** of the mapping process is strengths-based focus on what community strengths are available for Native youth
- The community asset mapping **requires participation** from individuals, families and organizations within the community
- The process is to identify, collect, and analyze assets available in the community for Native youth (Figure 21)

Figure 21: Steps in FK1st Community Asset Mapping Pilot Project

Steps	Examples
Identify and involve partners	Examples include youth, tribal leaders, teachers, elders, social service and healthcare providers
Define community boundaries	Street map, tribal maps, Google maps
Define a community asset	Determine what types of community assets to include
Determine the methods and tools to collect information	Examples include lists of organizations, surveys, focus groups, community meetings, maps of community
Organize the assets on a map	Visual representation of assets for presentations, reports, discussions
Create an action plan	Use the data to identify greatest assets, gaps, new assets that are needed, next steps to engage community to develop an action plan

Youth Engagement is Critical

"Youth engagement is the concept and practice of <u>meaningfully engaging youth in</u> <u>decisions that affect them, their peers, and their communities</u>. Youth engagement ensures that young people become an integral part of the work of organizations and communities and that their voices help shape the future." (Pan-Canadian Joint Consortium for School Health, 2018)

Youth engagement plays an important role in youth development because it can promote leadership, positive identity, community involvement, and healthy relationships. Youth can be critical messengers in the community and key advocates for effective services. **Preliminary evaluation results** of the First Kids 1st Community Asset Mapping Pilot Project have been very positive, and community members have appreciated the opportunity to come together to talk about assets and how they can take action for Native youth.

First Kids 1st Call to Action: The First Kids 1st partner organizations encourage tribal nations to conduct community asset mapping to identify priority actions to strengthen or develop systems of support for Native youth.

For more information, contact info@nicwa.org



Conclusion

The First Kids 1st initiative encourages tribal nations and communities to use research and data to inform policy efforts to create or strengthen systems of support to help Native youth thrive. The First Kids 1st Data Resource Book was developed to help identify possible areas for intervention and action to strengthen or develop new systems of support for Native youth. Data and research can help determine those possible areas for action, and a clear theory of change and evaluation plan can help ensure that actions drive outcomes. Community asset mapping is one strategy to help inform local efforts. The First Kids 1st partners encourage you to take action to help Native youth thrive in your community.

For more information, visit http://firstkids1st.org/

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