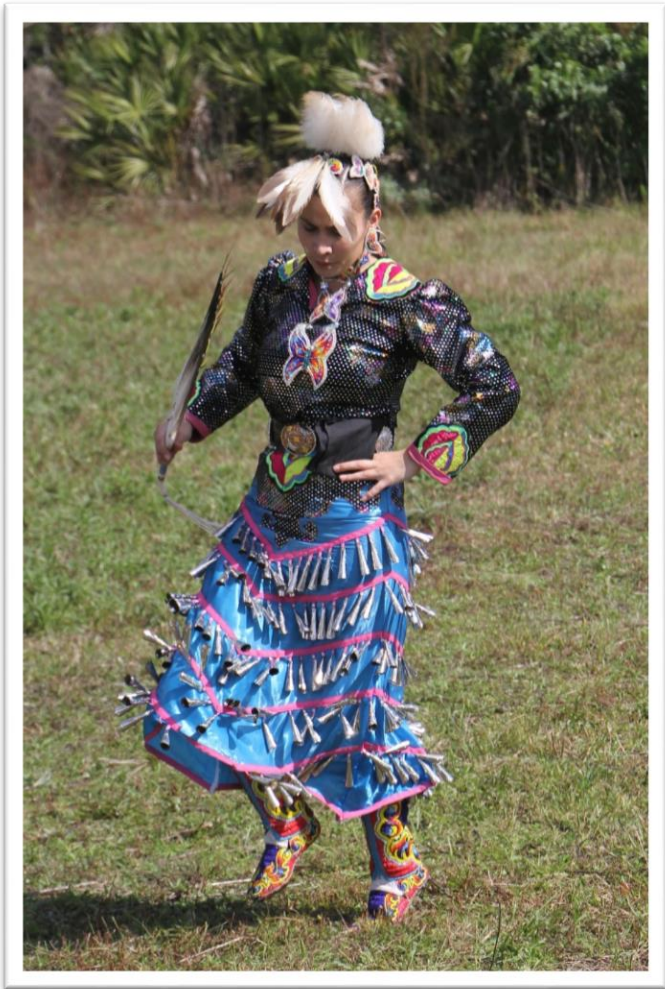




JOHN SNOW, INC.



## Report

### *Wak'hán Tshánka: Spirit Within Project Formative Research*

*August 2019*

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# I. INTRODUCTION

## Denver & DIHFS Overview

There are an estimated 23,209 individuals living in the Denver, Colorado and the surrounding counties who identify as American Indian/Alaska Native (AI/AN) alone<sup>1</sup>. Additionally 54,241 individuals identify as AI/AN alone or in combination with one or more races<sup>2</sup>. This places Denver on par with much larger urban areas in terms of total AI/AN population (*New York, NY: 111,749, Los Angeles, CA: 54,236; Chicago, IL: 26,933*)<sup>3</sup>.

The Denver urban area serves as an important geographic and cultural hub between the Southwestern and Plains Tribes of the United States. In the 1950's Denver served as a primary relocation city, as part of the Indian Relocation Act<sup>4</sup>. Today, the AI/AN population plays an integral role in the social, economic and cultural makeup of the Denver area. Metro Denver houses the nation's largest collection of local community-based and national American Indian organizations<sup>5</sup>.

Although Denver is centrally located within "Indian Country" of the Southwest, it is isolated from tribal health and IHS resources. The closest Indian Health Services (IHS) facility is located on the Southern Ute reservation, an eight-hour drive from Denver. Also, AI/AN individual living in Denver are separated from their traditional homelands and practices, illustrating the importance of adapting traditional and cultural activities to urban areas<sup>6</sup>. The Denver Urban AI/AN population has multiple health disparities including high rates of diabetes, heart disease, stroke, and cancer as well as socioeconomic factors that exacerbate these outcomes. Some of these socioeconomic factors include lower incomes, higher rates of poverty, higher rates of uninsured, lower home ownership, and higher utilization of SNAP programs when compared to non-Hispanic whites<sup>7</sup>.

DIHFS was founded in 1978 as the result of a needs assessment conducted by Denver Native Americans United that called for the co-location of medical services for the AI/AN community at one site. DIHFS has grown into an organization that provides integrated and culturally appropriate primary, dental and behavioral health (BH) care services to low-income, uninsured and under-insured AI/AN patients. Programs include those to address health across the lifespan and that impact the root causes of health problems as well as outreach services to enroll patients in no or low-cost plans through Colorado's health exchange<sup>8</sup>.

*“There are an estimated **23,209** individuals living in the Denver, CO and surrounding counties who identify as AI/AN, and **54,241** identifying as AI/AN alone or in combination with one or more races.”*

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1 Urban Indian Health Institute., (2017). Community Health Profile: Denver UIHP Service Area.

2 Ibid.

3 2010 Census Brief: <https://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>

4 Rebecca L. Robbins, "Self-Determination and Subordination: the Past, Present, and Future of American Indian Governance" (87:122) in M. Annette Jaimes (editor), *The State of Native America: Genocide, Colonization, and Resistance*, South End Press, ISBN 0-89608-424-8. p. 99

5 Ibid.

6 Expanding Culturally-Competent Integrated Care: Overcoming Barriers to Healing

7 Urban Indian Health Institute., (2017). Community Health Profile: Denver UIHP Service Area.

8 Expanding Culturally-Competent Integrated Care: Overcoming Barriers to Healing

DIHFS serves the Denver area including Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson and Weld Counties. DIHFS' service delivery model has been refined to incorporate best practices in working with urban Indian children and families, including: 1) co-locating wide-range of culturally responsive services; 2) early identification of those in need of BH services through partnerships with county Indian Education programs and other agencies serving the AI/AN community; 3) provision of both mental health and substance abuse treatment; 4) emphasis on strengthening family kinship networks; 5) increasing cultural connections; and 6) collaboration with external partners (county human service departments, judicial systems, the Indian Health Service, family members and tribes).

## The Spirit Within Project

The SWP aims to cultivate the protective factors to addressing these health disparities, which include opportunities to participate in cultural activities, in particular those that support connection with community, the land, traditional foods, and traditional and contemporary physical activities.

*“The Spirit Within (Wakǰáŋ Tǰáŋka), translated from Lakota: Wakǰáŋ means ‘powerful’ or ‘sacred’. Tǰáŋka means ‘great’ or ‘vast’. Together it often means the ‘Great Spirit.’ Wakan Tanka is present in all things as a sacred energy. Within us, it is our physical and mental strength to have composure, determination, self-confidence, self-control and self-belief.”*

As the SWP teaches and promotes the reclaiming and use of traditional wellness practices, this name captures the ‘spirit’ of the project. The SWP uses three strategies, focusing on community collaborations, promoting traditional foods, and supporting physical activities, which are detailed below, along with relevant activities.

**Tribal, Inter-Tribal, governmental, and nongovernmental collaborations that strengthen wellbeing:** The Native Wellness Coordinator (NWC), on behalf of DIHFS, develops partnerships with area Tribal, inter-Tribal, governmental, and non- governmental organizations to communicate opportunities to engage in healthy traditional, cultural, and educational activities. The NWC conducts the following activities:

1. Creates partnerships by developing and maintaining a working list of informal partners for active communication and engagement in program activities.
2. Edits and distributes quarterly and monthly email correspondence using MailChimp, to promote internal/external programming, as well as traditional, cultural, and educational activities.
3. Edits and add contents to social media platforms, including the DIHFS Facebook page to promote internal program and community-wide activities that teach, build upon, celebrate and strengthen cultural and traditional practices and teachings.
4. Establishes and maintains a community calendar for cultural and traditional events that supports and reinforces health practices, and encourages bilateral communication amongst partners. This community calendar is located on the DIHFS website: [dihfs.org](http://dihfs.org)
5. Attends outreach events to promote traditional, cultural, and educational activities. The NWC attends at least four outreach events, including the Denver 9News Health Fair and the Stronghold Society's Run for the Stronghold, to promote and recruit for the SWP.

**Cultural teachings and practices about traditional healthy foods to promote health, sustenance and sustainability:** The NWC coordinates a program to prepare, promote and preserve traditional healthy foods and diets, and expose those foods and beverages to individuals and families connected to the DIHFS clinic community. The NWC completes this through the following activities:

1. Organizes and hosts bi-monthly (even-numbered months) workshops to promote traditional food and foodways, including but not limited to, traditional cooking classes, food preservation, and demonstrations in community or backyard gardens, individually or with community partner(s).
2. Consults with individuals and families on traditional food practices and connects them with resources on traditional food concepts, including but not limited to, de-colonizing the diet and food sovereignty.
3. Attends conferences or workshops related to cultural teachings and practices of traditional healthy foods, in order to learn practices, strategies, and/or teachings around traditional foods that can be applied to the program.

**Traditional and contemporary physical activities that strengthen wellbeing:** The NWC strengthens and increases opportunities and support for traditional and contemporary physical activity for individuals and families connected to the DIHFS clinic community. The NWC completes this through the following activities:

1. Organizes and hosts bi-monthly (odd-numbered months) workshops to promote traditional and contemporary physical activity, including but not limited to, Indigenous games, gardening, Indigenizing fitness and movement, dance, and drumming, individually or with community partner(s).
2. Consults with individuals and families on traditional and contemporary physical activity and connects them with resources, including referrals to the certified personal trainer, recreational centers, and traditional physical activity events, such as Powwow classes.
3. Attends conferences or workshops related to traditional and contemporary physical activity, in order to learn practices, strategies, and/or teachings around traditional foods that can be applied to the program.

### **SWP Project Team**

Project team members for the SWP include, from DIHFS: Amanda Harris, NWC and Sarah Hormachea, Diabetes Project Manager. JSI provides technical assistance and evaluation support on the project, with team members: Hannabah Blue, Project Director; Yvonne Hamby, Evaluation Manager; and Panos Smyrnios, Project Associate. Contributions to this report were made by Alyssa Thomas, Project Associate, and Savannah Smith, JSI Practicum student intern. Previous JSI SWP team members include Chris Battelli, Mary McCrimmon and Julia Rossen, Project Associates.

# II. BACKGROUND

## Community Assessment Purpose

In the first year of the SWP project, the team focused on project ramp up, including reviewing the workplan, establishing processes for meetings, internal and external communications, developing an advisory committee, evaluation, and reporting. The JSI team created draft evaluation materials, which were piloted during workshops, including the Cooking Matters curriculum, as well as brief informational presentations during a Quilting Circle group. In addition to these, the first year also focused on the development and deployment of a community assessment, which included stakeholder interviews, focus groups and a community survey. This community assessment was developed to achieve the following objectives:

1. For evaluation purposes, to establish a baseline for community knowledge, awareness, attitudes and behaviors relating to the key project strategies: community collaboration/connection; traditional foods; physical activity
2. For program planning purposes, to inform activities and workshop topics that are needed and interesting to the community

The second year of the project will focus on implementation of the workshops, development of the consultation sessions, and integrating the information learned from the community survey.

## Secondary Data Overview

### County Health Rankings

The County Health Rankings are based on a model of community health that emphasizes the many factors that influence how long and how well we live. The Rankings use more than 30 measures that help communities

understand how healthy their residents are today (health outcomes) and what will impact their health in the future (health factors), see Figure 1.

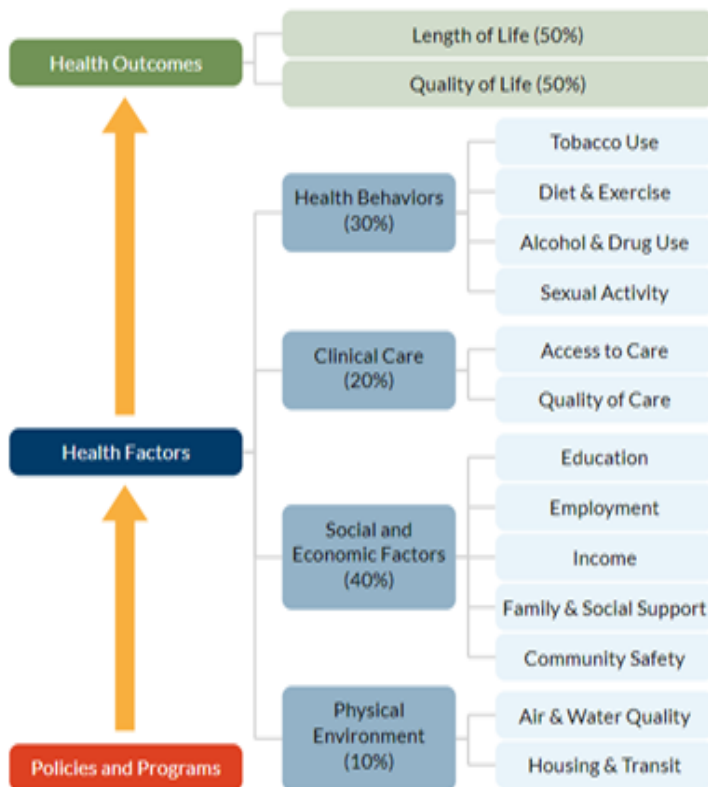


Figure 1. Graphic from 2019 Colorado County Health Rankings report outlining the primary components of community health

### Measures & Data Sources

The Rankings emphasize the many factors that, if improved, can help make communities healthier places to live, learn, work and play. By ranking the health of nearly every county in the nation, the County Health Rankings help communities understand what influences how healthy residents are and how long they will live.

The following County Health Rankings measures in Tables 1-3 are the most relevant to the SWP and serve as external data for key community measures of nutrition, physical activity, and general health measures. These are meant to provide a context in which to assess the responses from the community assessment survey specific to the eight counties that comprise the DIHFS service area.

**Table 1. General Health Measures**

	Poor physical health days	Diabetes prevalence	Adult smoking	Excessive drinking
Adams	3.5	8%	18%	20%
Arapahoe	2.7	7%	13%	20%
Boulder	2.9	4%	11%	24%
Broomfield	2.8	6%	13%	21%
Denver	3.2	5%	16%	26%
Douglas	2.5	5%	10%	20%
Jefferson	2.8	6%	13%	22%
Weld	3.3	7%	16%	21%
State	3.4	6%	16%	21%

- Poor physical health days-Average number of physically unhealthy days reported in past 30 days (age-adjusted).
- Diabetes prevalence-Percentage of adults aged 20 and above with diagnosed diabetes.
- Adult smoking-Percentage of adults who are current smokers.
- Excessive drinking-Percentage of adults reporting binge or heavy drinking.
- How health is currently prioritized

**Table 2. Physical Activity/Fitness**

	Adult obesity	Physical activity/inactivity	Access to exercise opportunities
Adams	27%	18%	92%
Arapahoe	22%	15%	99%
Boulder	15%	9%	97%
Broomfield	19%	11%	100%
Denver	16%	12%	99%
Douglas	19%	10%	93%
Jefferson	21%	12%	99%
Weld	26%	17%	80%
State	21%	14%	91%

- Adult obesity-Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m<sup>2</sup>.
- Physical inactivity-Percentage of adults age 20 and over reporting no leisure-time physical activity.
- Access to exercise opportunities-Percentage of population with adequate access to locations for physical activity.

**Table 3. Food Access/Environment**

	Food environment index	Food insecurity	Limited access to healthy food options
Adams	8.8	8%	6%
Arapahoe	8.4	12%	2%
Boulder	8.3	12%	3%
Broomfield	8.5	10%	5%
Denver	8.1	13%	5%
Douglas	9.1	8%	2%
Jefferson	8.6	10%	4%
Weld	8.7	9%	5%
State	8.3	11%	5%

- Food environment index-Index of factors that contribute to a healthy food environment, 0 (worst) to 10 (best).
- Food insecurity-Percentage of population who lack adequate access to food.
- Limited access to healthy foods-Percentage of population who are low-income and do not live close to a grocery store.

*Tables 1-3. 2019 CO County Health Ranking measurements that depict the prevalence and severity of various health concerns within counties in and around the Denver Metro Area.*



# III. METHODOLOGY

## Survey Methodology

### Designing and Disseminating the Community Assessment Survey

JSI, along with input from DIHFS, developed a community survey to get a sense of DIHFS' constituents' demographic makeup, attitudes towards community health, and to measure their education and awareness regarding traditional food, traditional movement, and contemporary movement. JSI developed the community assessment survey by assessing the focus group feedback, consultation intake forms, stakeholder interview feedback, workshop evaluation forms, and the SWP proposal. The aforementioned materials helped in assessing the most prevalent themes among DIHFS' constituents so that more tailored and relevant survey questions could be crafted. For example, responses received during a traditional food/activity related focus group were used to create answer choices to questions asking about the barriers faced in participating in those activities.

The survey was created on the Survey Monkey platform and consisted of 34 questions. The demographic questions were all multiple choice with some having options to not answer ("prefer not to answer") or self-describe (see Appendix A for full survey). The survey was made live on March 22, 2019, where it debuted and was recruited for at the Denver March Powwow. It ended May 10, 2019. The goal of the survey was to attain 350 responses and 298 were completed, a response rate of 85 percent. The survey was disseminated using a variety of methods, including email, social media, newsletters, and in-person fliers (see Appendix B) dispersed at events. Specific examples of how the survey was spread include fliers containing a QR code to the survey that were handed out at the Denver March Powwow, advertising the survey on DIHFS' weekly e-newsletter, and cross promotion by other Denver newsletters and email blasts. The following prize items were used as incentives for potential participants: four King Soopers gift cards, three Visa gift cards, a FitBit, and an Instapot. Participants' names were added into a random gift drawing that took place after the survey had ended. As an incentive to further disseminate the survey, a participants' name would be repeated in the drawing for each person they passed the survey on to, who also took the survey. The target population of the survey were Native Americans within the DIHFS' service area. Since the survey was disseminated through channels that DIHFS would normally use to communicate with their constituents, the target population was easily accessible.

### Analyzing the Community Survey

JSI used three primary analysis techniques to investigate the data gathered through the survey:

- **Response Counts:** Some variables relied upon a simple count of participant's responses to highlight important takeaways. For example, when examining demographic questions like income range, JSI took counts of how many participants selected a specific range/response option. Counts highlight the proportion of participants that are part of each income level, gender identification, and geographic location, just to name a few.
- **Finding the Mean:** For questions that participants selected a numeric value along a scale, the mean, or average, was calculated. This single, mean value represents all of the participants' answers as a whole. For example, one question asked participants to rate the importance they place on connecting with their community (on a scale from 1-not important to 10-extremely important). The mean value for this question implies how the native community, represented by the community assessment survey's sample of the community, feels about connecting with the community.
- **Investigating Correlations:** JSI utilized the statistical coding program, R, to conduct statistical tests that investigate the correlation between participants' responses from one question (variable) to one or more different variables. For example, JSI analyzed the extent to which participants' knowledge and perceived

benefit around eating traditional foods correlated with the frequency that they consumed traditional foods. A confidence interval (p-value) of <0.05 was used to determine if results were significant or not. This is to say, if a correlation test had a p-value of 0.04, there was only a 4 percent chance that the data resulted in that trend by chance, and since it is below 0.05, it could be used to draw a conclusion.

## Focus Group and Stakeholder Interview Methodology

JSI worked with DIHFS to create stakeholder interview and focus group guides. In addition to an overview of the interview or focus group’s purpose and logistics, the guide asked about Native community members’ definitions and knowledge of wellness, traditional food, and traditional and contemporary physical activity. They asked about barriers to eating traditional foods and engaging in traditional and contemporary physical activity. They asked about events and organizations in the community that support wellness, access to traditional foods and engaging in traditional and physical activity. See the stakeholder interview and focus group guides in Appendices C and D.

DIHFS recruited and interviewed 5 community stakeholders, including some members of the advisory committee and from the following organizations: Denver Health; Denver Indian Center, Inc; Centers for American Indian and Alaska Native Health; Colorado Coalition for the Homeless; and Denver Indian Family Resource Center. DIHFS recruited for two focus groups: one on traditional foods and one on traditional and contemporary physical activity. DIHFS created and disseminated a flier, soliciting interested community members for the focus groups (see Appendix B). The two focus groups were held at the DIHFS clinic location, and were facilitated by the NWC and a member of the JSI team. Table 4 below shows the stakeholder interview and focus group participant breakdown. Qualitative data could be drawn from 17 participants total.

Date	Location	# of Participants	Researcher(s)
<b>Stakeholder Interviews</b>			
March 2019	In-person/Various	5 interviews	Interviewer: Amanda Harris, NWC
<b>Focus Groups</b>			
Tuesday, January 15, 2019 (Traditional Foods)	DIHFS clinic	5	Facilitator: Amanda Harris, NWC Notetaker: Hannabah Blue
Tuesday, January 29, 2019 (Physical Activity)	DIHFS clinic	7	Facilitator: Amanda Harris, NWC Notetaker: Mary McCrimmon

Table 4. Details regarding the stakeholder interview and focus group dates, location, participants, and researchers.

**Focus Group demographics:** There were five participants at the Traditional Foods focus group: three women and two men, with two being residents from Denver County, two from Arapahoe County and one from Jefferson County. The average age was 42, with a range from 27 to 72. Tribal affiliations included Oglala Sioux, Navajo, Rosebud, and Paiute. There were seven participants at the Physical Activity focus group: five women and two men. Four were from Denver County, two from Jefferson County and one from Arapahoe County. Average age

was 49, with a range from 21 to 70. Tribal affiliations included: Northern California Yurok tribe, Fort Yates Dakota Sioux, Oglala Lakota Sioux and Sioux.

Stakeholder interviews were recorded, with notes taken. Focus groups were recorded and then transcribed. A team of three JSI team members analyzed these notes and transcripts using a Grounded Theory framework in order to allow key themes to emerge from the data. Individual thoughts relevant to the project, were separated into codes, and then cross-analyzed to form patterns and themes. Finalizing patterns, themes and codes was completed on a consensus basis among the team, in order to ensure accuracy. A total of 903 individual codes were analyzed, and with each emerging theme determined by at least four counts of individual codes. The following are patterns created from the analysis, further described in Results section:

- Wellness
- Physical Activity
- Traditional Foods
- Events/Activities/Services
- Incentives
- Cross-Themes

## Data Management

The JSI team conducted the analysis of each data source (survey, focus groups and key informant interviews). For the qualitative data, JSI conducted a thematic analysis for each area and summarized emerging patterns. Finally, findings were synthesized across data sources. For specific details for the analysis methodology for each data source, please refer to the specific analysis methodology section.

## Methodological Considerations & Limitations

There are some limitations to consider with this assessment. In general, qualitative data gathered from focus groups and key informant interviews cannot be generalized to other populations or communities. The recruitment strategy may have impacted the representation within focus group or KII participants. These potential limitations may have had some impact on the participants' selection to participate in the focus group or KII and responses to questions. Additionally, the results from the community survey are only representative of those who responded to the survey and may not be a perfect representation the larger population of Native people living the Denver area.

# IV. RESULTS

## Community Assessment Survey Key Findings

### Overview

The community assessment survey had 340 respondents. Out of those, 298 responses were complete and could be used for analysis. Overall, demographic results were congruent with DIHFS' constituent base within the Denver metro service area, with 94.1 percent of participants identifying as Native American alone or in combination with one or more other ethnicities. However, the demographic captured in the survey was of different age and gender makeup than the Native population in Denver metro area as a whole. Age range was predominantly between 25 and 64, with 85 percent of participants falling in this range. This is older than the Native population in the Denver metro area, where around 50 percent of the population is between 0-24. In addition, 3/4 of survey respondents were female, as compared to the actual 50/50, male and female population makeup. Relating to participants' perceptions of their communities, 84 percent rated the health of their communities either "good" or "fair," with diabetes, obesity, poor nutrition, lack of physical exercise, and poor mental health as the primary health concerns expressed. At the same time, the top five highest rated health benefits were: healthy behaviors and lifestyles, access to health care services, access to healthy food, strong family life, and youth recreation.

In regards to traditional foods, traditional movement, and contemporary movement, there were two essential takeaways. First, for both traditional foods and traditional movement, participants demonstrated a disconnect between the importance they place on eating or partaking in traditional food or traditional movement, respectively, and their knowledge about the two practices. Second, and perhaps one of the more important findings coming from the community survey, for all three (traditional food and traditional and contemporary movement), as participants' score for importance placed, knowledge, and perceived health benefits increased, so did their frequency of consumption/participation. This means that the more participants knew about traditional food and traditional and contemporary movement, the more they were likely to have practiced it. The same goes for how much importance they placed on the practice, as well as how beneficial they perceived the practice to be towards their own health and wellbeing.

Regarding community connectedness and cultural events within the community that strengthen wellness, there were some interesting findings. First, there seems to be an apparent disconnect between how *important* people felt it is to connect with their community and how *connected they actually felt*, as participants reported significantly higher values for importance placed than how connected they actually felt. Results also showed that the higher participants rated importance placed on connecting and the more connected they felt with their community, the more often they attended cultural events that strengthened wellness. Survey data associated with DIHFS' services demonstrated that nearly 3/4 of participants are not aware of traditional food or movement related events through DIHFS and that over 60 percent haven't used any of DIHFS' Native wellness services. This can most likely be attributed to participants reporting that they did not know the services existed (59 percent), haven't needed to use the services (17 percent) and worried about cost (14 percent). The following sections outline the community assessment survey results in more depth.

### Demographics

- Age: Just over 85 percent of respondents were between the ages of 25 and 64. In comparison, according to 2017 census data, just under 59 percent of all residents in Denver County fall within this age range (see Figure 2).

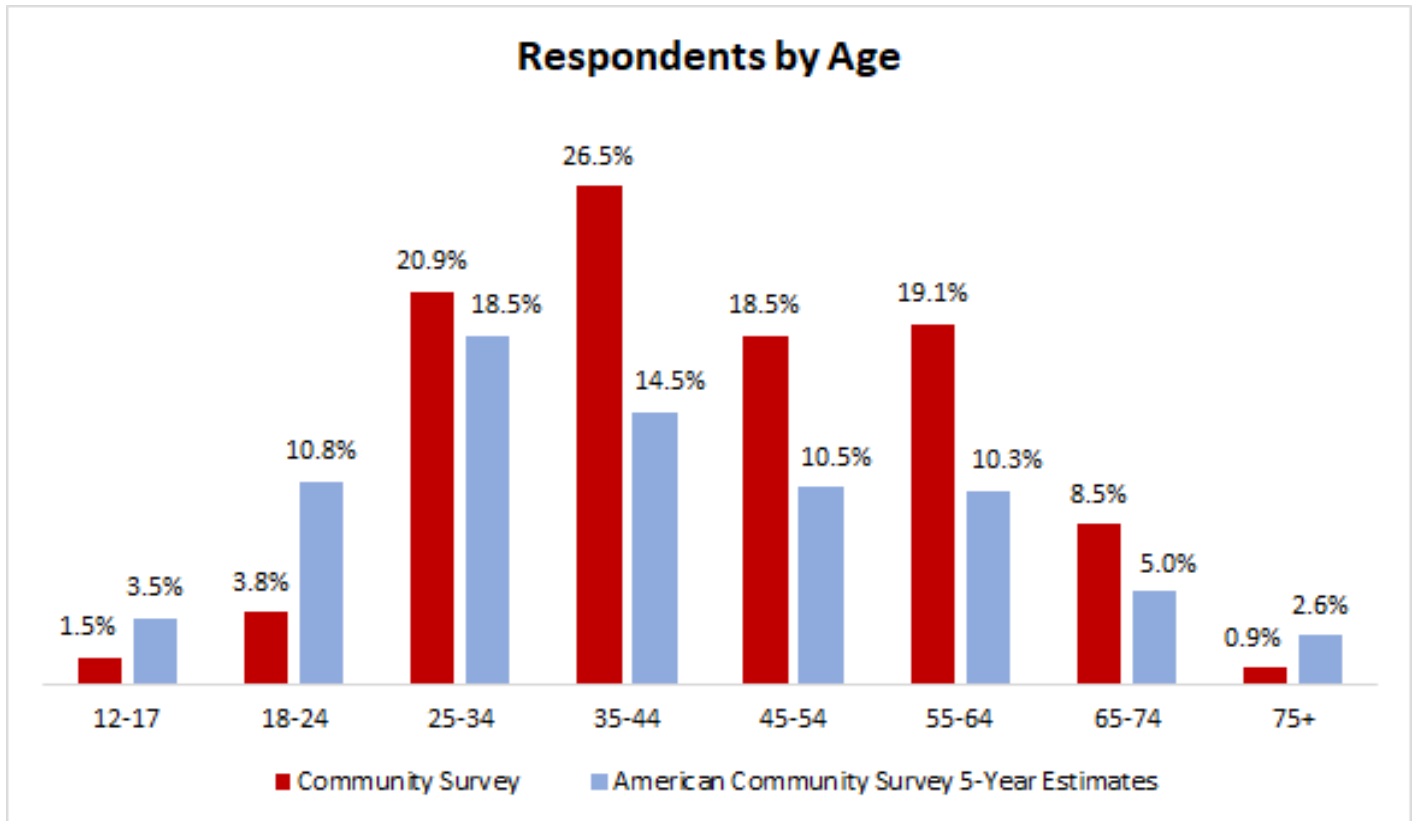


Figure 2. Community survey respondents’ reported ages vs. Denver Metro Area 2017 census data for AI/AN alone or in combination with one or more races.

- **Gender:** 75 percent of community assessment participants identified as female, 21 percent male, and 4 percent as Two Spirit, shown in Figure 3, whereas Denver Metro area 2017 Census data shows 49.98 percent female and 50.02 percent male. Two Spirit refers to cultural gender identities that many tribes have within their traditions.
- **Income:** Community survey respondents showed to have lower income than the Denver metro population: 56.1 percent of respondents had a household income under 50K (compared to 31 percent of Denver metro residents), 27.1 percent between 50K-100K (compared to 31 percent), and 8.2 percent 100K+ (compared to 38 percent), according to 2017 Census data.
- **Ethnicity:** Ethnicity of those that took the community survey were as follows: Native American/American Indian alone or in combination with one or more races (94.1%), White (10.9%), Hispanic/Latino (6.8%), Alaska Native (2.1%), African American (1.5%). In comparison, 2017 census data of the Denver Metro the population as White (65.2%), Hispanic in combination with one or more races (22.4%), African American (5.1%), Asian (4.4%), and Native American (0.5%).
- **Tribal Affiliation:** There were over 50 American Indian tribal nations as well as 5 Alaska Native ethnic groups/villages represented. The most common American Indian tribes were Navajo (Diné), Sioux (Nakota, Dakota, Lakota), Chippewa/Ojibwe, Cherokee, Pueblo, Choctaw, and Apache. Of the participants who identified as AI/AN, 10% identified as having more than one tribal affiliation. See Appendix E for the full list.

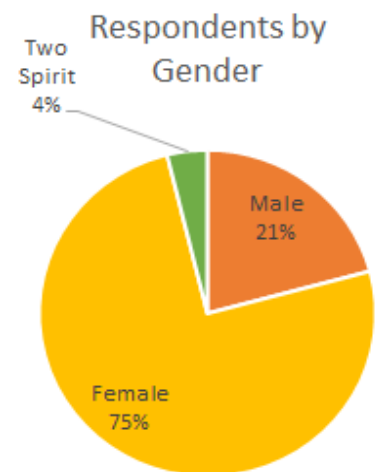


Figure 3. Graphic depicting gender breakdown.

- **County of Residence:** Participants reported being from the following counties: Denver (35.5%), Jefferson County (18.9%), Adams (15.7%), Arapahoe (13.4%), Boulder (4.8%), Douglas (3.8%), Weld (3.8%), and Broomfield (1.6%).

### Perception of community

In order to understand how community members viewed the health of their community, respondents were asked to rate the health of their community on a scale from 1 (poor) to 4 (excellent). 8.31 percent said their community’s health was excellent, 45.37 percent said good, 38.34 percent said fair, and 5.75 percent said poor. They were also asked to identify what they saw as the top two most serious health concerns. Diabetes, obesity, poor nutrition, lack of physical activity, and poor mental health were the top five most serious (perceived) health concerns. See Figure 4 for the full results.

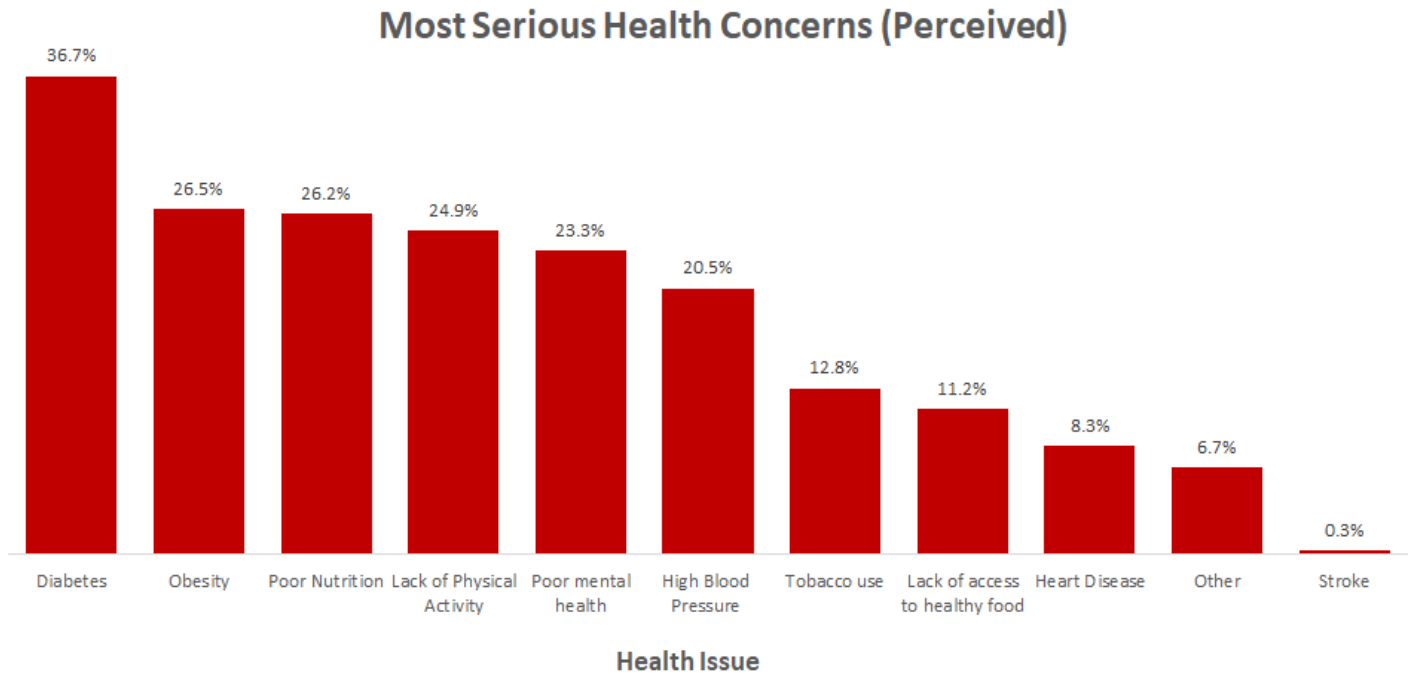


Figure 4. What participants felt were the top two most serious health concerns in their community.

Participants were then asked to rate the most important health benefits present in their community. The top five most chosen responses were healthy behaviors and lifestyles, access to health care services, access to healthy food, strong family life, and youth recreation. See Figure 5 for the full results.

## Most Important Health Benefits (Perceived)

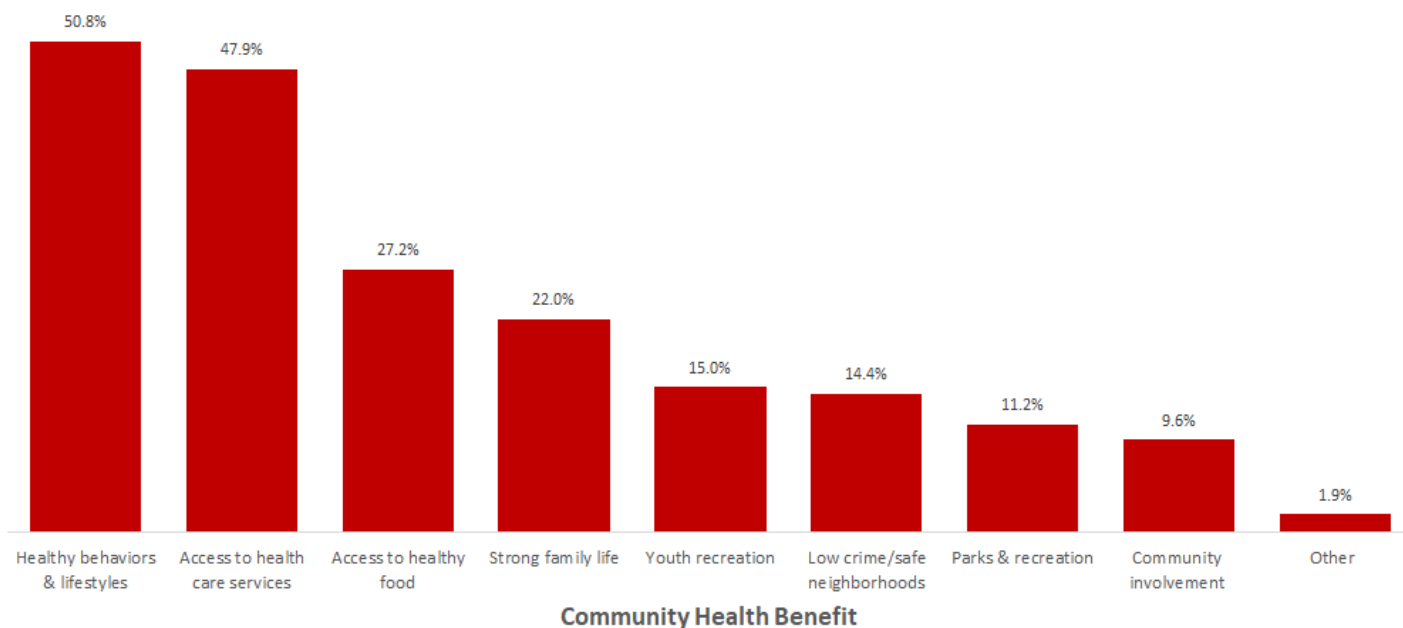


Figure 5. What participants felt were the top two most important health benefits in their community.

### Traditional Foods, Traditional Movement, and Contemporary Movement

The SWP’s goal is to improve the Denver metro area’s Native communities’ knowledge and behaviors regarding traditional food and movement. In order to understand the community's current attitudes and behaviors, the community survey asked participants the questions in Tables 5-7, with responses rated on a 1 to 10 point scale. Average responses are noted in the right hand column. Notably, the “knowledge” score was 1.33 lower than “importance placed” for traditional foods and 1.95 lower for traditional movement.

Table 5. Traditional Foods

Question	Average Response
Please rate the importance you place on eating traditional foods: <i>1 (not important)...5(Somewhat important)...10(Very important)</i>	6.77
Please rate your knowledge regarding the health and nutrition aspects of consuming traditional food: <i>1 (Not knowledgeable)...5 (Somewhat knowledgeable)...10 (Very knowledgeable)</i>	5.48
To what extent has eating traditional foods benefited your health and wellbeing? <i>1 (Not beneficial)...5 (Somewhat beneficial)...10 (Very beneficial)</i>	6.22

**Table 6. Traditional Movement**

Question	Average Response
Please rate the importance you place on participating in traditional movement: <i>1 (not important)...5(Somewhat important)....10(Very important)</i>	8.10
Please rate your knowledge regarding the health and wellness aspects of participating in traditional movement: <i>1 (Not knowledgeable)...5 (Somewhat knowledgeable)...10 (Very knowledgeable)</i>	6.15
To what extent has participating in traditional movement benefited your health and wellbeing? <i>1 (Not beneficial)...5 (Somewhat beneficial)....10 (Very beneficial)</i>	7.42

**Table 7. Contemporary Movement**

Question	Average Response
Please rate the importance you place on participating in contemporary physical activity: <i>1 (not important)...5(Somewhat important)....10(Very important)</i>	8.05
Please rate your knowledge regarding the health and wellness aspects of participating in contemporary physical activity: <i>1 (Not knowledgeable)...5 (Somewhat knowledgeable)...10 (Very knowledgeable)</i>	7.43
To what extent has participating in contemporary physical activity benefited your health and wellbeing? <i>1 (Not beneficial)...5 (Somewhat beneficial)....10 (Very beneficial)</i>	8.08

Tables 5-7. Questions measuring knowledge, importance, and perceived benefit of traditional food and movement and contemporary movement.

**Frequency and Barriers:** The following are the results to questions asking participants to rate how often they consume/partake in traditional food and traditional and contemporary movement, as well as their reported barriers. Frequency was measured by asking how often participants consume/partake on the scale: (1)=Never, (2)=Less than once a month, (3)=Once a month, (4)=2-3 times a month, (5)=Once a week, (6)=2-3 times a week, (7)=4-6 times a week, (8) =Daily. The question asking participants to rate barriers was only presented to those that reported a 1 (never) or 2 (less than once a month) and asked them to select all barriers that applied to them, in order to isolate those that are having the greatest difficulty practicing these behaviors.

**Traditional Food:** The average score was a 3.30, which translated to a range in-between once a month and 2-3 times a month. The reported barriers were:

- I don't know about traditional foods - 58.33%
- I don't know how to cook some traditional foods - 48.81%
- Not able to locate traditional foods - 42.86%
- It's not typical for my family to eat traditional foods - 38.10%
- Don't have enough money - 15.48%



Traditional Movement: The average score was a 3.40, which translated to a range in-between once a month and 2-3 times a month. The reported barriers were:

- I'm not aware of any traditional movement opportunities available to me- 53.73%
- Don't know how to do traditional movement - 44.78%
- Not aware of the benefits - 31.34%
- Don't have enough money - 13.43%
- It's not typical for my family to participate in physical activities - 10.45%
- Not able to locate parks or areas to do traditional movement - 8.96%
- Unable due to health issues - 7.46%

Contemporary Movement: The average score was a 5.13, which translated to a range in-between once a week and 2-3 times a week. The reported barriers were:

- I'm not aware of any opportunities available to me - 35.71%
- Do not have enough money - 31.14%
- Unable due to health issues - 28.57%
- Don't know how to do contemporary physical activity - 21.43%
- It's not typical for my family to participate in physical activities - 17.86%
- Not aware of the benefits - 14.29%
- Not able to locate local areas to exercise - 10.71%

### **Factors that Increase Participation and Consumption**

As laid out in the Methods section, a statistical correlation test was used to correlate participants' responses to the questions in Tables 5-7 to the frequency that participants consumed traditional foods and partook in traditional or contemporary exercise. The following subsections outline how participants' answers to how often they consume/partake correlates to other variables:

- A. Participants' rating on the importance they place on eating traditional food or partaking in contemporary or traditional exercise.
- B. Participants' rating on the knowledge they have regarding the health benefits of eating traditional food or partaking in contemporary or traditional exercise.
- C. Participants' rating on the extent to which they believe that eating traditional foods benefited their wellbeing.

Frequency was measured by participants' selection of the following choices when asked how often they consumed/participated: (1)=Never, (2)=Less than once a month, (3)=Once a month, (4)=2-3 times a month, (5)=Once a week, (6)=2-3 times a week, (7)=4-6 times a week, (8) =Daily

Results demonstrated that as importance placed (A), knowledge (B), and perceived benefit (C) increased, so did the frequency of consuming traditional foods, partaking in traditional movement, and partaking in contemporary movement. In all three activities, knowledge and perceived benefit showed the strongest correlation. Age was the only other variable that showed a correlation, and it was only for contemporary movement. As age decreased, the frequency of participating in contemporary movement increased. Below are the equations derived from the correlation tests that can be used to show the extent to which each variable may be used to predict how often community survey participants would consume/partake:

- Traditional Food: Frequency of consumption=  $1.14 + A(0.06) + B(0.16) + C(0.17)$
- Traditional Movement: Frequency of partaking=  $-0.30 + A(0.08) + B(0.14) + C(0.35)$
- Contemporary Movement: Frequency of partaking=  $1.20 + A(0.004) + B(0.14) + C(0.37)$

### Attendance of Cultural Events Related to Connectedness and Perceived Benefit

Correlation tests demonstrated that attendance of cultural events was related to participants' responses regarding how connected they felt with their community (connectedness) and the extent to which they felt that attending the events benefits them (perceived benefit). The average score among participants regarding how culturally connected they felt with their community was 5.1 out of 10 on a scale from 1(not connected)... 5(somewhat connected)... 10(connected). Participants' responses averaged 7.24 out of 10 when asked to rate the extent to which attending cultural events benefited their health and wellbeing. Additionally, respondents' results averaged between "less than once a month" and "once a month" when asked how often they attended cultural events that benefited their health and wellbeing. A correlation test was run between questions measuring community connectedness and attending cultural events.

*Results clearly showed that the more connected a participant felt with their community as well as how beneficial they felt attending cultural events was to them, the more often they attended cultural events.*

### Use, Awareness of and Barriers to Using DIHFS' Services

When participants were asked if they have ever used DIHFS' Native Wellness Services, the majority, 62.75 percent said "No" and 37.25 percent said "Yes". When asked if they were aware of any opportunities to participate in traditional food, traditional movement, or contemporary movement, 72.15 percent said "No" and 27.85 percent said "Yes." The primary reason participants reported they have not used the services was that they "didn't know the services were available" (58.51 percent). See Figure 6 for the other barriers participants noted.

### Why have you not used DIHFS' Native Wellness Services?

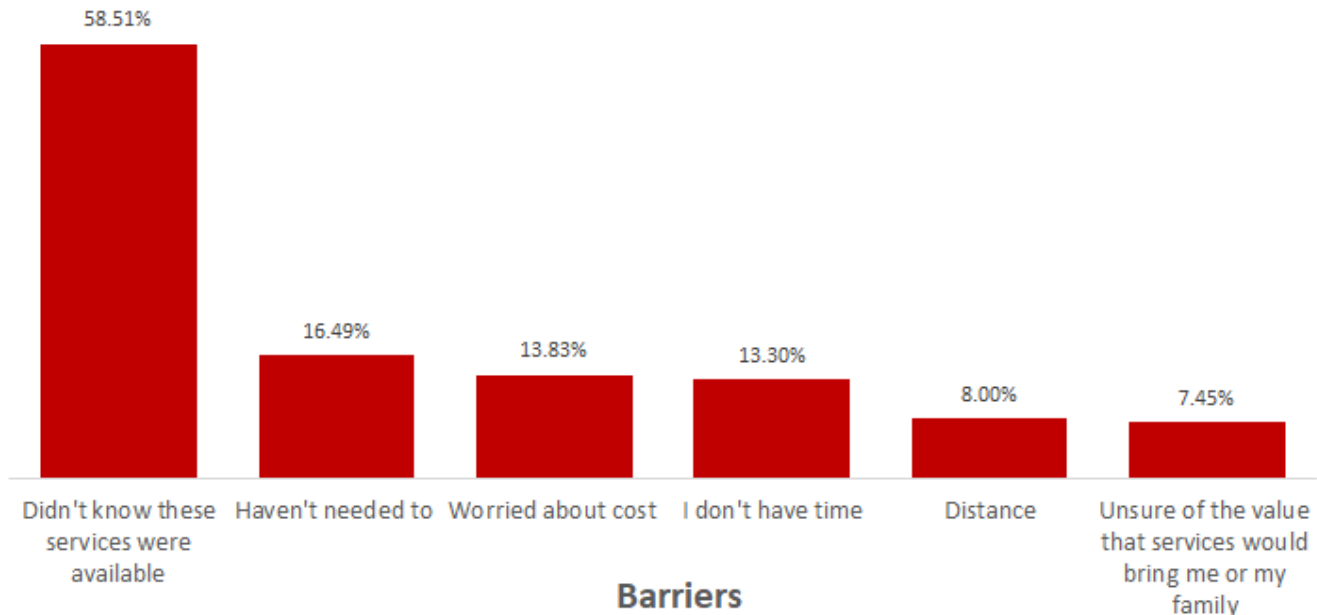


Figure 6. Barriers that limit participants' use of DIHFS' Native Wellness services.

# Focus Group and Stakeholder Interview Key Findings

## Overview

As mentioned in the Methodology section, the individual codes were analyzed and grouped into themes. These themes are detailed below, in the following categories: Wellness, Physical Activity, Traditional Foods, Events/Activities/Services, Incentives and Cross-Themes. Themes were identified when they had four or more codes. The themes below include code counts in parentheses, which identifies how many times unique focus group and/or stakeholder interview participants mentioned each. Each theme is broken into sections that discuss such sub-topics as definitions, supports, barriers, events, and suggestions.

## Wellness

Definitions of Wellness: Participants defined wellness in several ways. Spiritual health and traditional ceremonies were an integral component of wellness for the community (14). Healthy relationships with friends, family, and positive people were important components of wellness (7). Participants identified several outdoor activities related to wellness (6), including nature, water, gardening, and hiking. Running and walking were also identified (6). Some participants identified individual activities and attributes (6), such as self-affirmation, self-confidence, and a positive attitude. Some participants defined wellness as having basic needs met (5), giving examples such as food and shelter. Others honed in on the fact that there are multiple holistic definitions of wellness throughout the community (6). Appendix F contains a list of all wellness definitions that were mentioned.

*“We’re so interconnected with each other, and that’s a component of our wellness.”*

Wellness Supports: When asked how the wellness of Native Americans in Denver is supported, participants identified community organizations (30+), social connectedness (18), community events (10), and community experts/organizers (6). Specific community organizations mentioned often included Colorado Coalition for the Homeless (4), DIHFS (12), DIFRC (5), DICI (8), Four Winds (6), Spirit of the Sun (3), and various churches (4). A complete list of organizations mentioned is included in Appendix G.

When participants brought up the social dimensions of wellness, they described community connection, social connections at events, and social influence. Specific community events highlighted by participants were the Denver March Powwow, Run for the Stronghold, and talking circles. Specific community experts mentioned were:

- Darius Smith, American Indian Liaison to the Mayor and City and County of Denver
- Rose Marie McGuire, Denver Public School Indian Education Program
- Walt Pourier, Stronghold Society
- Shadana Dickerson, Rocky Mountain Indian Chamber of Commerce (former)

*“Social dynamics of health is really important for communities of color, for refugees, immigrants, and Natives.”*

Wellness Support Suggestions: Participants were asked how wellness can be further supported in the community. Outreach and engagement were suggested most often (5). Participants suggested increasing engagement of Native Americans throughout the Denver metro area and determining strategies to reach those

community members who may be unengaged. Recommended strategies to support wellness included increasing outreach and marketing events and services through Facebook.

### Physical Activity

Definitions of Physical Activity: Participants were asked to define what they considered traditional physical activity and contemporary physical activity.

- *Traditional Physical Activity:* Running (4) and dancing (4) including powwow style dancing was defined most frequently as traditional physical activities.
- *Contemporary Physical Activity:* Participants who are elders, have handicaps, or those who have families and are without a vehicle, may describe getting around town as a contemporary physical activity as they may have difficulty driving or are without transportation (4). Going to the gym and taking classes at recreation centers were widely defined as contemporary physical activities (11).

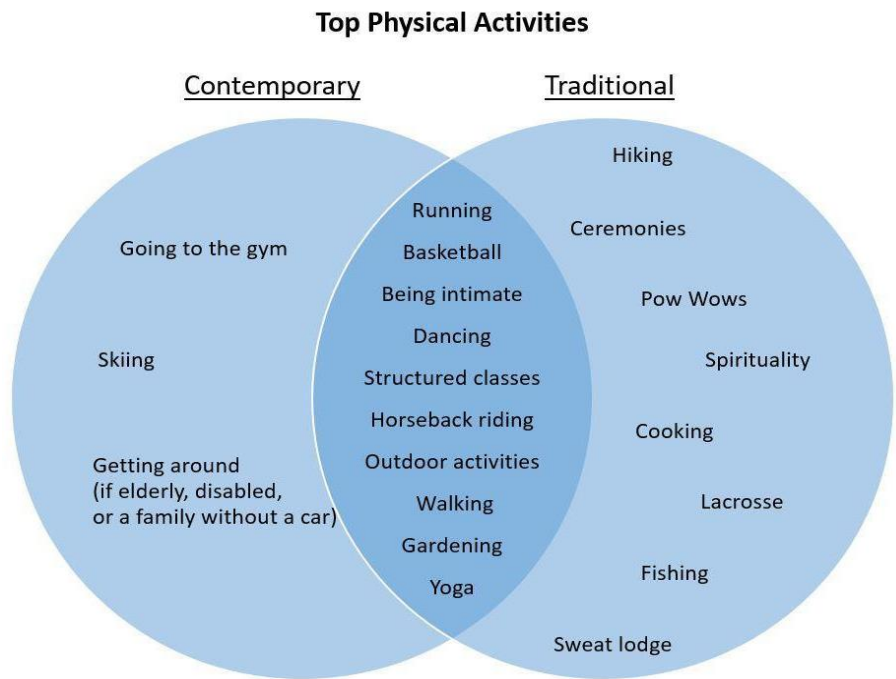


Figure 7. Physical activity definitions for contemporary, traditional and those identified as both.

Figure 7 shows activities defined as both traditional and contemporary. A complete list of traditional and contemporary physical activity definitions is included in Appendix H.

Physical Activity Events: In regards to physical activity event marketing, participants provided the suggestion to increase marketing efforts and reach including text reminders, fliers, newsletters, and informing other agencies as a way to increase event participation (6).

Physical Activity Supports Suggestions: Participants offered suggestions for ways to increase their rates of physical activity. Creating welcoming environments that include elements of social support and connectedness (7), offering transportation stipends/resources (5), increasing event marketing, such as on billboards, TV and social media (5), and providing space for where physical activity could take place (4), were some of the supports that participants mentioned.

*“Even the powwows - visit people who you haven’t seen in a long time. Dancers are out there, they are out there physically. Makes you want to dance too.”*

### Traditional Foods

Definitions of Traditional Food: Traditional foods were defined as dried corn, meats, turnips and other plants (4). Frybread was also mentioned when discussing traditional foods but some participants noted that it is a

misconception that it is a traditional food and that frybread is not healthy (6). A complete list of traditional food definitions is included in Appendix I.

*“Not always healthy foods for Navajos. It’s not always healthy food what we consider traditional. Frybread, try to use wheat. Try not to fry it.”*

Traditional Food Supports: Education was the most referenced type of support for Native community members to eat traditional foods (13). Education on traditional food sources, nutrition information, and how food can be used as medicine are some examples of what was mentioned. Educational content was suggested to be delivered through presentations or by printed materials.

Barriers to Eating Traditional Foods: One of the barriers to eating traditional foods was that knowledge was not being passed down across generations (4). The lack of accessibility to traditional foods was also a barrier and was discussed as food banks providing unhealthy foods, food systems sustainability issues, and fast food more easily accessible in urban settings (5).

*“Folks can’t access healthy food in general in an urban setting.”*

Traditional Food Event Suggestion: Cooking events in the form of cooking classes, cook-offs, and cooking demonstrations were highly suggested for traditional food events (9).

### **Events/Activities/Services**

Event Participation Supports: Respondents identified three key supports that help them to participate in traditional food and physical activity events and services: location accessibility, marketing of events, and opportunity for social connection. Accessible locations were defined as those that are easy to get to by local transportation, have no cost parking and are co-located with other services or events, and have childcare (8).

*“Have events near public transportation, somewhere easy to get to, right there is next to the train station - pretty convenient.”*

There were suggestions for event advertising and marketing to increase event participation support, including using social media like Facebook, creating flyers and newsletters, and advertising by word of mouth, on the radio, sending reminders and cross-advertising with other organizations (8). When participants attend events, they identified that they are also seeking interpersonal connections (6). This may include knowing people who are also attending the event, being able to visit other community members and feeling community connection.

*“It’s that connection and wing-man approach – people go because their friend is going or someone they trusted recommended they go.”*

Event Suggestions: Events that were suggested by participants included those that incorporated cooking or food tastings (13), such as a cooking demonstration, a cook-off, a potluck, and a cooking class especially for students. Events that included educational elements were also mentioned such as teaching about the history of different

foods as well as traditional food knowledge, healthier food alternatives, as well as presentations and small evening workshops (6). Creating youth-specific events such as skiing or other sports, and traditional activities was also recommended (4).

*“If you would do a cooking class, include the story behind ingredient or dish or where to find the ingredient.”*

Events that incorporated traditional dancing were proposed, such as intertribal dance groups, tribal dance showcases as well as teachings, and a powwow dance club. Activities that take place in nature were mentioned often, including harvesting, hiking, horseback riding, mountain outings, ski trips, snowboarding and a trip to the Garden of the Gods (8). Sports-centered events like Native football club, Native night at sports events such as Nuggets or Rockies games, tailgating, and traditional games were recommended. Events similar to past running events like the Sand Creek Memorial Run and the Run for the Stronghold, as well as running clubs and films that focused on running were also suggested (5).

### **Incentives**

Incentives for Healthy Lifestyle Motivators: Participants identified incentives and motivators to following a healthy lifestyle. Various activities were mentioned (9), including seeing a movie, eating at a restaurant, going to the spa, getting a massage, and visiting a local attraction (such as Elitch Gardens). Gift cards were also mentioned often (8), with gifts to restaurants (like Tocabe or Starbucks), grocery stores, and events (Denver March Powwow or professional sports games) suggested. Another incentive participants mentioned was receiving useful items that helped meet basic necessities (5), such as lunch bags, backpacks, school supplies, cold weather clothing, personal care items, and water bottles. Lastly, participants described food (5) as encouraging participation in events and as a reward when personal health goals are met.

### **Cross Cutting Themes**

When reviewing the qualitative research, several significant themes crossed over two or more of the previously mentioned themes. These include the importance of culture and spirituality, outreach, community collaborations, and art; creating spaces that are welcoming and Native-specific; and finally, significant physical activities. Each of these are detailed below.

Culture and Spirituality: Ceremonies, traditions, and cultural significance were mentioned as physical activity, as a wellness activity, and within traditional food definitions (14).

*“Community likes seeing medical providers in the community to talk to them but also to show their knowledge and expertise. ‘You’re in my house.’ They like to see their medicines, traditions, and beliefs, prayers and ceremonies acknowledged as components of their health.”*

Welcoming: Welcoming environments and organizations were mentioned as a wellness support, physical activity support and a healthy lifestyle motivator (8).

*“One area is to figure how to build inter-tribal resources that are accessible and welcoming to a broader range of cultural traditions and tribal affiliations, which a diverse population.”*

Outreach: Several participants mentioned the need for increased and more targeted outreach, in particular due to Native community members being spread out and some community members are not aware of services or events (7).

Art: Art was defined as a traditional and contemporary physical activity, a healthy lifestyle motivator, and an emotional wellness activity (6).

Community Organization Collaboration: Community organization collaboration was identified as being a support for both community member wellness and community member event participations (3).

*“Take down barriers of different organizations that are here, only share with certain groups.”*

Native-Specific: The need for Native specific spaces, providers, and organizations was noted as being important for supporting physical activity, traditional foods, and wellness (7).

*“If there was a nice Native community place, that would be nice. More physical, study areas, basketball, all of that stuff could draw a pretty big crowd.”*

Physical Activities: Lastly, there were several significant physical activities that were named across categories: powwows (5), sweat lodge (4), hunting (4), harvesting (4), outdoor activities (4), and walking (4).

## IV. DISCUSSION

The community assessment was designed to obtain important information regarding DIHFS' constituents within its service area, with a focus on data that is relevant to the SWP. As mentioned in the introduction, the role of the SWP is to promote tribal practices that support traditional health and wellness. The perspectives collected provide an important insight into community members' awareness, perceptions, knowledge, and beliefs towards their own communities, traditional and contemporary forms of wellness, and DIHFS' services. This information can be used to inform DIHFS on the current progress and any apparent needs that need to be addressed to better help the SWP to meet its goals. The following sections highlight the significance of the findings highlighted in the results sections to the SWP.

### **Survey Sample Demographics**

Age: Participants of the community survey seemed to fall more within the "working ages" than the overall Denver metro Native community, with 85 percent falling in between 25 and 65 years old. This could be attributed to the fact that a major form of distribution was email, which may have alienated both ends of the age spectrum. More important to the SWP and DIHFS, though, was that 75 percent of participants were female. This is important for two reasons. First, it means that content that is more geared towards females will be relevant to a larger range of DIHFS' current constituents. Second, the data shows that about 25 percent of the male segment of Denver's Native communities is not being reached and should be a point of focus for outreach moving forward.

Race/Ethnicity: Although not surprising, it was important to see that over 94 percent of participants were of Native ethnicity alone or in combination with one or more ethnicities, as it shows that the survey successfully reached DIHFS' user base. Tribal affiliations highlighted in the results and found in Appendix E represent proportions expected in Denver with Navajo and Lakota/Nakota/Dakota as being the most prevalent. It is important for DIHFS to understand these proportions, as traditional food and movement practices vary by tribe. Overall, the demographic results from the community survey should be seen as an initial check for the SWP when asking, "Is this relevant to our constituents? Or is this impactful?"

### **Perception and Connectedness with Community and DIHFS' Services**

Perception of Health in Community: Results demonstrated that participants understand the health of their communities and that they see both a need and value in services that address prevalent health issues. Additionally, participants feel that they need to connect more with their communities and that by connecting more, they would be more likely to attend cultural events that benefit their health and wellbeing. Beginning with participants' perception of their community, the majority rated the health of their community as good (45.37 percent) and fair (38.34 percent). These are relatively positive responses, as only 5.75 percent said poor.

Serious Health Concerns: Community members were on target when rating the most serious health concerns of their community. Participants, on average, rated diabetes, obesity, poor nutrition, lack of physical exercise, and poor mental health as their largest health concerns. These results parallel the CO DOPHE findings of the most prominent major health indicators in Colorado's Native population. Participants' ranking of the most important health benefits (see Results section) mirror solutions to their health concerns and serve as an invitation for the SWP and DIHFS' other services. For example, healthy behaviors and lifestyles, access to health care services, and access to healthy food were selected as the top three health benefits. These are all connected directly to the SWP goals to improve health and wellness through improving behaviors related traditional (and contemporary) physical activity and increasing access and education regarding traditional foods. This information should act as a re-affirmation to DIHFS and the SWP that the community sees both a need and value for these services.



Connecting and Attending Events: The community assessment found that community members place relatively high importance on connecting with their community and attending cultural events. However, the majority seem to not be attending these events for various reasons. The assessment demonstrated that community members placed relatively high importance on connecting with their community but do not feel that they are actually very connected. This is important, because results from the community survey indicate that the more connected someone felt with their community, the more likely they were to attend cultural events. It is also important to note that those that felt the events were most beneficial were also more likely to attend, signifying that it is important to convince participants of a particular workshop or events of the benefit to them. This may be improved by making events more welcoming, which was a prominent response in the focus groups and stakeholder interviews.

Lack of Awareness of Events: The other notable barrier that was evident across the community assessment was a lack of awareness of events. Nearly three-quarters of participants of the survey, for example, were not aware of any cultural events around traditional food or movement. As mentioned in the focus groups and stakeholder interviews, DIHFS needs to improve its outreach directly to community members through a multitude of pathways, including social media and collaborations (see the Recommendations section for more detail).

### **Traditional Food, Traditional Movement, and Contemporary Movement**

Frequency: Results from the community survey and qualitative analysis showed that there is generally excitement and importance placed on eating traditional foods and partaking in traditional and contemporary movement. However, the frequency that people consume traditional food and partake in traditional movement was low, with the average for both ranging between “once a month” to “two to three” times per month. In contrast, participants reportedly engaged in contemporary movement/exercise between once a week and two to three times a week.

Knowledge: The SWP’s goals are to increase the frequency that the Denver metro area’s Native community members incorporate traditional cultural exercise and nutrition into their lives. Results from both the community survey and focus groups indicated that there is a general lack of knowledge around various aspects of traditional food and movement ranging from not understanding the health benefits to not knowing what traditional food or traditional exercises are. Increasing participants’ knowledge around traditional food and movement should be a major focus for the SWP and related initiatives. As the correlation tests for the community survey indicated, as community members’ knowledge increased so did the frequency that they consumed traditional foods and partook in traditional movement. In addition, as the importance participants placed on consuming/partaking and their perceived benefit of incorporating these practices increased, so did the frequency. Since knowledge and perceived benefits are inherently linked, it was not a surprise to see that these two factors had a considerably stronger link to frequency than importance placed. Luckily, increasing someone’s knowledge and perceived benefits is most likely a more achievable goal than increasing the importance a person places on the subject. The amount of importance placed is extremely subjective and varies widely person to person.

Physical Activity Participation: Contemporary movement shared the same trend as the traditional forms of health and wellness, but age proved to also have a correlation with frequency of engagement. Since the relationship was inverse, the results implied that younger community members engaged in forms of contemporary movement more often than their older counterparts. This means that health and wellness organizations should focus on outreach efforts to older community members to ensure that they are achieving the recommended amounts of physical exercise/movement.

## V. CONCLUSION

There are approximately 54,241 people living in the Denver metro that identify as American Indian or Alaska Native (AI/AN) alone or in combination with one or more other races. Unfortunately, this population of Urban Natives is experiencing high rates of health disparities, such as diabetes, heart disease, obesity, and mental illness. A major contributing factor to these health concerns is that as an isolated urban center, living in Denver has separated individuals from their traditional homelands and practices that for thousands of years has been the foundation of the health and wellbeing for Native people. In order to help address this issue, Denver Indian Health and Family Services partnered with JSI with funding support from the U.S. Centers for Disease Control and Prevention to establish the Spirit Within (Wakǰáj Thǰńka) Project (SWP). At its core, the SWP aims to cultivate the protective factors to addressing these health disparities through promoting and inspiring participation in cultural activities and practices. Focus was placed on supporting connection with community, the land, traditional foods, and traditional and contemporary physical activity and movement. In order to better understand the communities that DIHFS serves and, more specially, their current knowledge, awareness, and behaviors associated with traditional food and traditional and contemporary movement, DIHFS has worked with JSI to conduct five stakeholder interviews, two focus groups, and a community assessment survey.

Between the three methods of assessing the community, there were many relevant takeaways that can help paint a better picture of the Denver area's Native community's participation in cultural forms of health and wellness. Overall, results showed that community members have interest in consuming traditional foods and participating in traditional and contemporary forms of wellness. However, the frequency that community members are practicing traditional forms of wellness is low, averaging between once to three times a month. Results from the community assessment survey and focus groups indicate that the reason for low participation seems to be an overall lack of knowledge around how, where, and in what forms to find, consume, and participate in traditional food and movement. Also, the less importance that participants placed on consuming/partaking in traditional food and movement, as well as the less benefit that they perceived it to have on their overall health, the less participants consumed/engaged. Additionally, attendance of cultural events was low, averaging "less than once a month" among participants with a lack of awareness of events, cultural connectedness, and perceived benefit being the primary factors associated with a lack of attendance.

The information gained from this comprehensive analysis is valuable in helping advance the SWP and DIHFS' services to best meet the Native community's needs and deficiencies. Increasing community members' knowledge and awareness around traditional food and movement through improved and more strategic outreach could be an effective way of increasing more positive behaviors among the community. For example, utilizing DIHFS' social media platforms and those of partner organization to share both interesting and educational information regarding traditional food and movement could augment knowledge and awareness around the practices. DIHFS should also continue to improve the curriculum and amount of workshops and events that deal with traditional food and movement. The more informative and resonating the workshops and events are with participants, the more likely they are to incorporate traditional forms of wellness into their lives. Moreover, in order to boost attendance at these events, DIHFS should focus on developing its outreach strategies to increase awareness of workshops and community events.

# VI. RECOMMENDATIONS

The following recommendations for the SWP and DIHFS are based on the above analysis and incorporate specific participant suggestions. The recommendations fall within the following categories: programming and events, incentives, and outreach/marketing.

## Programming and Events

### Knowledge and Collaboration

#### Focus on increasing knowledge of traditional foods and physical activity

- Increase knowledge of traditional foods and movement, such as defining traditional forms of food and movement, providing instruction and practice for cooking traditional foods, educating about where to find and practice traditional foods and movement, as well as the health and benefits. Frame learnings around the community and participants themselves, by sharing relevant examples and success stories.
- Continue to hold and improve workshops, while expanding to areas where there is lack of availability. Focus on topics and content such as cooking classes, traditional movement activities, and nutritional and wellness benefits of traditional foods and movement.

#### Increase collaborations for activities

- Collaborate with different organizations that are supplementary to DIHFS, in order to decrease competition among events and increase constituent base.
- Try to include a guest presenter or keynote speaker that is popular and well respected in the community.
- Hold workshops at different locations or alternate between DIHFS and at other organizations. Utilize formative and demographic data to see what and where sub-populations need to be engaged.

### Workshops and Events

#### Hold cooking classes, demonstrations or events

- Include traditional foods, history, and utility of plants and food for first aid, medicine, and other uses.
- Include how to practice mindfulness through traditional foods and movement.
- Connect nutritional information to traditional food knowledge.
- Include information about how specific foods affect your health, body, how you feel, your mood, etc. Ex. Gluten-free tortillas that reduce inflammation
- Include specifically urban gardens, urban medicine gardens, and urban traditional food gardens. Ideas for gardens for people without yards, or outdoor spaces, like in windows, porches, etc.

### Locations

#### Hold events and activities in locations that are accessible

- Locations that are close to public transit, have easy to access and free parking and are accessible for people in wheelchairs or with physical impairments
- Hold events that are within spaces where other activities or events are taking place
- Hold events at times that are accessible for participants

#### Hold events and activities outside or in nature

- Hold events at parks, Woodbine, Red Rocks, Garden of the Gods, etc.
- Go to local farmer's markets or farms

## Participants

### Hold events with social aspects that can connect participants

- Market and structure workshops like a social event or ongoing series (Join the Group or Circle, Support Your Community Members, Get Supported on Your Wellness, etc).
- Organize and coordinate ongoing groups that can be integrated into the workshops: walking group, running/hiking group, traditional foods group, movement group, etc.

### Target events and activities to diverse audiences

- Consider targeted activities to Native community member segmentations such as homeless or low-income individuals, students, youth, elders, and diverse Tribal groups

## Incentives

### Provide usable items, items that meet basic needs

- Items such as gift cards, backpacks, lunch bags, water bottles, bikes, fishing poles
- Offer transportation incentives such as gas vouchers or bus passes
- Free events that also provide food for participants

### Provide incentives that allow for participation in events or activities

- Such as concert tickets, sports tickets, Six Flags, massages, spas, etc.
- Have events in places where participants can bring children or where childcare is provided

## Outreach/Marketing

### Highlight social aspects of events

- Market and structure workshops like a social event or ongoing series (Join the Group or Circle, Support Your Community Members, Get Supported on Your Wellness, Togetherness, etc).

### Increase and target community outreach

- Provide individual invitations at other events.
- Promote ambassadors for the program, including DIHFS staff, board members, clients, advisory committee, volunteers, etc.
- Collaborate with other organizations to cross-promote events and other opportunities
- Target segments of the Native community population, including youth, elders, students, women, low-income or homeless individuals, diverse tribal populations and others
- Increase marketing and outreach efforts by utilizing various mediums to disseminate information, such as newsletters, social media, flyers and capitalizing on word of mouth.

# VII. APPENDICES

- A. Community Survey
- B. Community Survey Flyer
- C. Stakeholder Interview Guide
- D. Focus Group Guide
- E. Tribal Affiliation List
- F. Wellness Definitions & Activities List
- G. Community Organizations List
- H. Traditional and Contemporary Physical Activity Definitions List
- I. Traditional Food Definitions List

## Appendix A: Community Assessment Survey



Thank you for taking the time to respond to the Spirit Within Program community assessment. The results will help improve the effectiveness of services provided by the Spirit Within program to support healthy eating and physical activity.

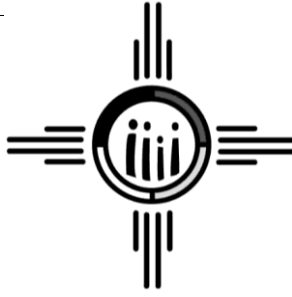
Some of the questions might seem personal. We are only interested in finding out more about what people think about and do when it comes to healthy eating, physical activity, and overall health and wellbeing. We are not interested in using the information to identify you. Your participation in this survey is completely voluntary, and by filling out the survey you give permission to use the data you provide.

Your name or identifying information is not requested, and the data collected with this survey will be kept anonymous. Only staff with JSI, an Evaluation Consultant working with the Denver Indian Health and Family Services (DIHFS) team, will have access to the individual responses. All the data collected will be summarized and reported without any information that will identify you to the DIHFS project team and to the funder Centers for Disease Control and Prevention.

If you complete the survey, you can enter your name and phone number for a drawing to win one of the following gifts: Instapot, FitBit, grocery store giftcard, or \$50 Visa giftcard! Just follow the link at the end of the survey to provide your information (which will be kept confidential and used only for purposes of notifying you if your name is drawn as a winner).

The survey will take approximately 15 minutes to complete. If you need to return to a previous page that you have already completed, please use the Prev button at the bottom of each page (rather than the internet back arrow at the top of the screen).

Thank you very much for your time!



## Community Survey [Denver Indian Health and Family Services]

### About You

The information you share with us in this section is to help us better understand the community we are reaching with this survey and will not be used to identify you personally.

\* 1. **Age:** What is your age?

- |                                |  |
|--------------------------------|--|
| <input type="radio"/> Under 12 | <input type="radio"/> 45-54                |
| <input type="radio"/> 12-17    | <input type="radio"/> 55-64                |
| <input type="radio"/> 18-24    | <input type="radio"/> 65-74                |
| <input type="radio"/> 25-34    | <input type="radio"/> 75+                  |
| <input type="radio"/> 35-44    | <input type="radio"/> Prefer not to answer |

\* 2. **Gender:** Please specify your gender:

- |   |   |
|---|---|
| <input type="radio"/> Female                            | <input type="radio"/> Transgender           |
| <input type="radio"/> Male                              | <input type="radio"/> Gender Non-Conforming |
| <input type="radio"/> Two Spirit                        | <input type="radio"/> Prefer not to answer  |
| <input type="radio"/> Prefer to self-describe as: _____ |   |

\* 3. **Education:** Please specify the highest level of education you have received:

- No schooling completed
- Nursery school to 8<sup>th</sup> grade
- Some high school, no diploma
- High school graduate, diploma or the equivalent (for example: GED)
- Some college credit, no degree
- Trade/technical/vocational training
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional certification
- Doctorate degree
- Prefer not to answer

\* 4. **Employment:** Please specify your current employment status (choose the option that most applies to you):

- Employed for wages
- Self employed
- Out of work and looking for work
- Out of work but not currently looking for work
- Homemaker
- Student
- Military
- Retired
- Unable to work Prefer not to answer

\* 5. **Income:** Please specify your annual household income:

- \$0
- \$1 to \$9,999
- \$10,000 to \$24,999
- \$25,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 and greater
- Prefer not to answer

6. **Ethnicity:** Please specify your ethnicity (click all that apply):

- White
- Hispanic or Latino
- Black or African American
- Native American or American Indian Alaska Native
- Asian / Pacific Islander Native Hawaiian
- Other
- Prefer not to answer

7. **Tribal Affiliation:** What is/are your tribal affiliation(s)? If not applicable, please leave blank.



## Community Information

The following questions relate to you and your community. Please answer to the best of your knowledge.

8. Which one of these cities/counties do you live in?

- Adams County
- Arapahoe County
- Boulder County
- Broomfield County
- Denver County
- Douglas County
- Jefferson County
- Weld County
- Don't know
- Prefer not to answer

9. How long have you lived in this county?

- 0-5 years
- 6-10 years
- 15 years
- 16-20 years
- 21+ years
- Prefer not to answer

10. How would you rate the health of your community?

- Excellent
- Good
- Fair
- Poor
- Prefer not to answer

11. In the following list, what do you think are the two most serious health concerns in your community? (Select 2 that apply.)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Lack of physical activity | <input type="checkbox"/> Stroke               | <input type="checkbox"/> Obesity                        |
| <input type="checkbox"/> Heart disease          | <input type="checkbox"/> Diabetes                  | <input type="checkbox"/> Poor nutrition       | <input type="checkbox"/> Lack of access to healthy food |
| <input type="checkbox"/> Tobacco use            | <input type="checkbox"/> Poor mental health        | <input type="checkbox"/> Prefer not to answer |   |
| <input type="checkbox"/> Other (please specify) |  |   |   |

12. Select the two items below that you believe are most important for a healthy community: (Select 2 that apply.)

- |   |   |
|---|---|
| <input type="checkbox"/> Access to health care & other services | <input type="checkbox"/> Community involvement        |
| <input type="checkbox"/> Healthy behaviors & lifestyles         | <input type="checkbox"/> Low crime/safe neighborhoods |
| <input type="checkbox"/> Youth recreation/activities            | <input type="checkbox"/> Strong family life           |
| <input type="checkbox"/> Parks & recreation                     | <input type="checkbox"/> Access to healthy food       |
| <input type="checkbox"/> Other (please specify)                 | <input type="checkbox"/> Prefer not to answer         |

13. Please rate how culturally connected you feel with your community:

Not connected	Somewhat connected	Very connected
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		

14. Please rate how important it is for you to connect with your community:

Not important	Somewhat important	Very important
<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>		





## Contemporary Physical Activity

### Community Survey [Denver Indian Health and Family Services]

The next set of questions ask about your beliefs, thoughts, and current behaviors related to contemporary physical activity.

25. Please rate the importance you place on participating in contemporary physical activity (e.g., going to the gym, weight training, aerobics class, spin class, sports):

Not  
important

Somewhat  
important

Very  
important

26. Please rate your knowledge regarding the health and wellness benefits of participating in contemporary physical activity:

Not  
knowledgeable

Somewhat  
knowledgeable

Very  
knowledgeable

27. Approximately, how often do you participate in contemporary physical activity?

Never

Once a week

Less than once a month

2-3 times a week

Once a month

4-6 times a week

2-3 times a month

Daily

28. To what extent has contemporary physical activity benefited your health and wellbeing?

Not beneficial

Somewhat beneficial

Very beneficial

29. Which, if any, of the following factors keep you from participating in contemporary physical activity? (select all that apply)

Do not have enough money

It's not typical for my family to participate in physical activities.

Not aware of the benefits

I am not aware of any contemporary physical opportunities available to me

Don't know how to do contemporary physical activity

Not applicable

Not able to locate parks, gyms, or other areas to do contemporary physical activity

Prefer not to answer

Unable due to health issues (such as: chronic pain, shortness of breath)

Other (please specify)

## Community Survey [Denver Indian Health and Family Services]

### Health, Wellbeing, and DIHFS Services

**This is the last section! The next few questions ask about your overall health/wellbeing and DIHFS services.**

30. Approximately, how often do you attend cultural events that support your health and wellbeing?

- Never
- Less than once a month  Once a month
- 2-3 times a month  Once a week
- More than once a week  Prefer not to answer

If so, which one(s)?

31. To what extent has attending cultural events benefited your health and wellbeing?

Not beneficial      Somewhat beneficial      Most beneficial

32. Are you aware of any opportunities to participate in traditional or contemporary physical or traditional food activities put on by DIHFS currently or in the past?"

- No
- Yes

If yes, please specify which ones

33. Have you ever used DIHFS' Native Wellness Services?

- No
- Yes

34. Why have you not used DIHFS' Native Wellness Services (select all that apply)?

- Haven't needed to
- Unsure of the value that these services would bring me or my family I don't have time
- Didn't know these services were available Worried about cost
- Prefer not to answer
- Other (please specify)

## Community Survey [Denver Indian Health and Family Services]

### Gift Card Drawing

35. Did a friend, family member, or acquaintance send you this survey? If so, please fill in their name. If not, please leave blank.

36. Thank you for your time in taking this survey. We value your responses!

If you would like to be entered into the gift drawing for the items listed below, please provide your name and a phone number that we can contact you by. If not, please click DONE to finish the survey. This information will not be linked to your survey responses.

**BONUS:** You're name can be entered into the drawing **MORE THAN ONCE**, if you send the link to this survey (at bottom) to your contacts and they complete their survey and mention your name in the previous question!

Instapot, FitBit, grocery store gift card, or one of three: \$50 Visa gift card Survey

Link: <https://www.surveymonkey.com/r/DIHFS>

**Name**

**Phone Number**



### The Spirit Within Project Community Survey

- Are you a Native community member who lives in one of these counties: **Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, or Weld?**
- Do you have **10 minutes** to share your thoughts on **traditional food, traditional movement, physical activity, and overall well-being?**

If you answered **YES**, use the QR Code below or this link: [www.surveymonkey.com/r/DIHFS](http://www.surveymonkey.com/r/DIHFS) to take our community survey before Friday, May 4, 2019.

After the completion of the survey, enter your name in the drawing for a chance to win a \$50 King Soopers gift card, \$50 Visa gift card, Instant Pot, or FitBit!



Scan this QR Code using your mobile phone:

- open the phone's camera feature
- fit the QR Code within the phone's screen
- hold the phone for 2-3 seconds to scan the QR Code
- select the onscreen notification to take you to the survey

#### Questions?

Contact Amanda at [aharris@dihfs.org](mailto:aharris@dihfs.org) or **720-612-7130**.



# Appendix C: Stakeholder Interview Guide

## Denver Indian Health & Family Services *Spirit Within Project* Stakeholder Interviewer Guide

### Introductions and Explanation

Hello, my name is \_\_\_\_\_ with Denver Indian Health & Family Services (DIHFS). I will be conducting this interview. Your responses will inform future workshop topics and project activities efforts for the Spirit Within Project. You were invited to this interview because the organization you work with is a partnering organization to DIHFS and serves the same population. Thank you for taking time out of your day to join me, as your valuable input will help to guide programming and services on behalf of the *Spirit Within Project*.

During this discussion, I will ask you a series of questions related to health, community, and cultural references. Your opinions and ideas are very important to us.

### Guidelines

**Participate:** Please remember that there are no right or wrong answers to any of these questions. Feel free to state your own viewpoints, feelings and personal experiences. All comments and opinions are welcome.

1. **Ask questions to receive clarification:** If you don't have an answer or do not understand the question, it is okay to tell me so. It helps us even when you don't have an answer to a question. So, please feel free to say, "I don't know" or "I'm not sure what you are talking about."
2. **Confidentiality:** Everything that you say here will be kept strictly confidential. The information will be used only to help Denver Indian Health & Family Services with activities and services for the *Spirit Within Project*.
3. **Voluntary Participation:** Your participation is entirely voluntary. You do not have to answer questions that you do not wish to answer.

### Traditional Foods Questions

#### Wellness + Community

1. What do you think "wellness" means to the Native clients or community members you work with?
2. How is the wellness of the Native Americans in Denver supported?
3. How can the wellness of Native Americans in Denver be further supported?
4. What organizations or programs in the Denver metro area are available to support the wellness of the Native American community?
5. What types of activities and events do these organizations hold to support the health and wellness of the Native American community?

#### Food Definitions

6. What do you think "traditional foods" means to the Native clients or community members you work with?
7. What are ways to support Native community members to eat traditional foods?
  - a. Probe/Follow-up Question: For example, promote, increase access to, address barriers to, etc.

### **Physical Activity Definitions**

8. What do you think “traditional physical activities” means to the Native clients or community members you work with?
9. What do you think “contemporary physical activities” means to the Native clients or community members you work with?
10. What are some ways to support Native community members to engage in traditional and contemporary physical activities?
  - a. Probe/Follow-up Question: For example, promote, increase access to, address barriers to, etc.

### **Events**

11. What types of traditional food events would be beneficial for Native community members to be able to access in the community? (Note to facilitator: refer back to responses to questions 4 & 5.)
  - a. Probe/Follow-up Question: What types of information or activities would be beneficial to have at these events?
12. What types of traditional and contemporary physical activity events would you like to see in the community that would be beneficial to the Native clients or community members that you work with? (Note to facilitator: refer back to responses to questions 4 & 5.)
  - a. Probe/Follow-up Question: What types of information or activities would you like to see in these events?
13. What are some ways to best support Native community members’ participation at these events?

### **Incentives**

14. What are some small gifts/incentives you have given to the Native clients or community members you work with to keep them motivated in their healthy lifestyle?
  - a. Which items did they like?
  - b. Which items did they not like?
15. Is there anything else that you would like to add that you didn’t get a chance to comment on?

Thank you for your time and participation. You can find more information about the Spirit Within Project on our website or Facebook page, etc.

# Appendix D: Focus Group Guide

## Denver Indian Health & Family Services *Spirit Within Project* Focus Group Moderator Guide

### Warm-up and Explanation

Hello, and welcome to our discussion. My name is \_\_\_\_\_ with Denver Indian Health & Family Services and this is \_\_\_(notetaker)\_\_. We're here to facilitate this focus group, in order to inform future workshop topics and project activities efforts for the Spirit Within Project. We would like to thank you for attending today, as your valuable input will help to guide programming and services on behalf of the *Spirit Within Project*. During this discussion, I will ask you a series of questions related to health, community, and traditional references. Your opinions and ideas are very important to us.

### Traditional Foods Questions

#### Wellness + Community

1. What does "wellness" mean to you? (Note to facilitator: write "wellness" on newsprint.)
  - a. Probe/Follow-up Question: What types of things do you do to wellness?
2. How does the Native American community in Denver support your wellness?
3. How can the Native American community in Denver further support your wellness?
4. What organizations or programs in the Denver metro area do you go to or seek out to support your wellness?
5. What types of activities and events do these organizations hold to support your health and wellness?

#### Definitions

6. What do "traditional foods" mean to you? (Note to facilitator: write "traditional foods" on newsprint.)
  - a. Probe/Follow-up Question: What are some traditional foods you ate growing up?
  - b. What are some traditional foods you still eat now?
7. If there are differences between traditional foods you ate growing up and those you still eat now, why are there differences?
8. What are some ways to support community members to eat traditional foods?
  - a. Probe/Follow-up Question: For example, promote, increase access to, address barriers to, etc.

#### Events

9. What types of traditional food events would you like to see in the community? (Note to facilitator: refer back to responses to questions 4 & 5.)
  - a. Probe/Follow-up Question: What types of information or activities would you like to see in these events?
10. What would best support your participation in these events?

#### Incentives

11. When you reach a health goal, how do you reward yourself?
  - a. Probe/Follow-up Question: What small items keep you motivated to eat healthier/stay active?
  - b. Probe/Follow-up Question: If you were to attend a food or physical activity event, what types of small gifts would you like to see handed out to keep you motivated in your healthy lifestyle?
12. Is there anything else that you would like to add, that you didn't get a chance to comment on?

## Traditional Physical Activity Questions

### **Wellness + Community**

1. What does “wellness” mean to you? (Note to facilitator: write “wellness” on newsprint.)
  - a. Probe/Follow-up Question: What types of things do you do to wellness?
2. How does the Native American community in Denver support your wellness?
3. How can the Native American community in Denver further support your wellness?
4. What organizations or programs in the Denver metro area do you go to or seek out to support your wellness?
5. What types of activities and events do these organizations do to support your health and wellness?

### **Definitions**

6. What do “traditional physical activities” mean to you? (Note to facilitator: write “traditional physical activities” on newsprint.)
7. What are some traditional physical activities that you do regularly?
8. What do “contemporary physical activities” mean to you? (Note to facilitator: write “contemporary physical activities” on newsprint.)
9. What are some contemporary physical activities that you do regularly?
10. What are some ways to support community members to engage in traditional and contemporary physical activities?
  - b. Probe/Follow-up Question: For example, promote, increase access to, address barriers to, etc.

### **Events**

11. What types of traditional and contemporary physical activity events would you like to see in the community? (Note to facilitator: refer back to responses to questions 4 & 5.)
  - a. Probe/Follow-up Question: What types of information or activities would you like to see in these events?
12. What would best support your participation in these events?

### **Incentives**

13. When you reach a health goal, how do you reward yourself?
  - a. Probe/Follow-up Question: What small items keep you motivated to eat healthier/stay active?
  - b. Probe/Follow-up Question: If you were to attend a food or physical activity event, what types of small gifts would you like to see handed out to keep you motivated in your healthy lifestyle?
14. Is there anything else that you would like to add, that you didn’t get a chance to comment on?

### **Closing**

Thank you so much for your time and participation! Please see \_(notetaker)\_ to receive your \$50 gift card.

## Appendix E: Tribal Affiliation List

### American Indian

- Absentee-Shawnee (1)
- Apsaalooke Nation/ Crow (3)
- Blackfeet (5)
- Caddo (2)
- Cherokee/ EBCI (Eastern Band of Cherokee Indians) (14)
- Cheyenne and Arapaho/ Cheyenne Arapaho (2)
- Chickasaw (1)
- Choctaw/ Choctaw Nation of Oklahoma (3)
- Chumash (3)
- Citizen Potawatomi Nation/ Potawatomi (1)
- Colorado River Indian Tribes (1)
- Comanche (1)
- Creek/Muskogee Creek (1)
- Ely Shoshone Tribe/ Eastern Shoshone/ Te Moak Shoshone (5)
- Euchee (1)
- Ft. Peck Tribes, Montana (1)
- Gila River Indian Community (1)
- Hopi (5)
- Iipay (1)
- Kickapoo Tribe of Oklahoma (1)
- Kiowa (2)
- Lakota/Dakota/Nakota: Lakota/Sioux/ Rosebud Sioux/ Lower Brule/ Oglala Sioux/ Oglala Lakota/ Sicangu Lakota/ CRST Lakota/ Santee-Yankton Sioux/ Sisseton-Wahpeton Oyate (Dakota)/ Cheyenne River Lakota/ Standing Rock Sioux/ Crow Creek Sioux/ Hunkpapa Lakota/ Lakotah/ Spirit Lake Nation/ Teton (39)
- Lenape (1)
- Lipan Apache/ Apache/ San Carlos Apache (8)
- Mandan Hidatsa, Arikara/ Three Affiliated Tribes (5)
- Menominee (1)
- Mesa Grande Band (1)
- Meskwaki (1)
- Miama (1)
- Mohawk (1)
- Navajo/ Dine` / Navajo Nation/ Diné (65)
- Nez Perce (1)
- Northern Arapaho/ Arapaho (6)
- Northern Cheyenne (4)
- Omaha (1)
- Oneida (3)
- Ottawa (Oklahoma) (2)
- Paiute (2)
- Pawnee (1)
- Pima (1)
- Ponca (1)
- Pueblo: Ohkay Owingeh (Tewa)/ Laguna Pueblo/ Pueblo of Laguna/ Pueblo/ Cochiti Pueblo/ Tewa/ Zia/ Taos Pueblo/ Santa Ana (13)
- Sac and Fox (2)
- Seminole Nation of Oklahoma (4)
- Seneca-Cayuga (1)
- Shoshone / Paiute (1)
- Chippewa/Ojibwe: Turtle Mtn Chippewa/ Chippewa Cree/ Chippewa/ Chippewa Cree. Rocky Boy/ Little Shell/ Ojibwe/ Ojibwe-White Earth Nation/ Bois Forte Ojibwe (19)
- Ute (2)
- Winnebago (1)
- Wyandotte (1)
- Yurok (2)
- Zuni (4)

### Alaska Native

- Athabaskan (1)
- Curyung Tribe (1)
- Inupiaq, NANA Corporation (1)
- Nulato (2)
- Village of Gambell (1)

### Indigenous

- Nahua (1)

## Appendix F: Wellness Definitions & Activities List

- Alcohol abstinence
- Appreciation for having basic needs met
- Balancing multiple aspects of life
- Behavioral wellness
- Belief system being valued
- Culture and traditions
- Dealing with trauma
- Emotional health (2)
- Emotional wellness
- Environmental wellness (2)
- Exercise
- Familial connections (2)
- Food and drink
- Gardening
- Having food
- Having housing
- Having sobriety
- Healthy eating
- Healthy lifestyle
- Healthy mind
- Healthy relationships
- Heart and soul
- Hiking
- Holistic wellness
- Learning
- Listen to music
- Mental health
- Mental/cognitive training
- Mentally fit
- Multiple meanings
- Native traditional practices
- Outdoor activities
- Outdoor activities
- Personal relationships (2)
- Personal spiritual wellness
- Pets help with stress
- Physical health (2)
- Physically fit
- Positive attitude
- Powwow dancing
- Prayer
- Quiltmaking
- Quit smoking
- Reading
- Running (3)
- Self-affirmation
- Self-confidence
- Self-soothing
- Smudging
- Social dynamic
- Spiritual health
- Spiritual wellness
- Spirituality
- Sun dances
- Sweat lodge
- Taking care of yourself
- Talking circles (2)
- Thriving, not just surviving
- Walking (3)
- Wellness definition is affected by stability in life
- Wellness is based on needs
- Wellness linked to self-perception
- Wellness linked to where people come from
- Wellness means different things to different people
- Working with horses
- Yoga

## Appendix G: Community Organizations List

- Adams County Human Services
- Adams County School District
- American Indian Academy (2)
- Bayoud Enterprises
- Churches (Native and non-Native) (4)
- Colorado Coalition for the Homeless (5)
- CU Denver (2)
- Cultural liaisons at hospitals
- Denver American Indian Commission
- Denver Indian Center Inc (5)
- Denver Indian Education (2)
- Denver Inner City Parish
- Denver Indian Family Resource Center (8)
- Denver Indian Health Family Services (16)
- Denver Health
- Four Winds (7)
- Front Range Community College
- Jefferson County School District
- Lifeline (2)
- MLK Recreation Center
- Rocky Mountain Indian Chamber of Commerce (3)
- SouthWest Denver Coalition
- Spirit of the Sun (3)
- The Gathering Place
- UNITY
- Tocabe (2)

# Appendix H: Traditional & Contemporary Physical Activity Definition List

## Contemporary Physical Activity Definitions

- Arts and crafts
- Attending sports events
- ATVing
- Basketball
- Being intimate
- Bike riding
- Boating
- Concerts
- Dance classes
- Dancing (2)
- Driving
- Elders and handicapped people preparing to drive
- Elliptical
- Football
- Gardening
- Getting around town
- Goat yoga
- Going outdoors
- Going to gym (2)
- Horseback riding
- Individual connection
- Indoor rec center
- Ironing clothes
- Jogging
- Lack of knowledge
- Laundry
- Lifting weights
- Modern sports events
- Peloton cycling
- Personal training
- PiYo
- Running
- Sewing by hand
- Sewing using a machine
- Shopping
- Sightseeing
- Skating
- Skiing (2)
- Skydiving
- snowboarding

- Structured classes (2)
- Surfing
- Taking grandkids to playground
- Traditional physical activities that Natives still practice
- Treadmill
- Wakeboarding
- Walking (3)
- Water skiing
- Wrestling
- Yoga (2)

## Traditional Physical Activity Definitions

- Activities with age group
- Activities with family
- Art
- Basketball (2)
- Beading
- Being intimate (2)
- Being outdoors
- Camping
- Ceremonies (2)
- Community
- Cooking (2)
- Dancing (3)
- Fasting
- Fishing (2)
- Gardening
- Harvesting
- Harvesting class
- Hiking (3)
- Horseback riding (2)
- Hunting
- Lacrosse (2)
- Making dried meat
- Marathon
- Nature
- Organized class/group getaway
- Outdoor activities
- Powwow dancing
- Powwows (2)
- relay horseback riding



- relay race
- Running (4)
- Sand Creek Massacre Run
- Sewing by hand
- Sharing meals at talking circles
- Singing
- Singing ceremony songs
- Spirituality (2)
- Sundance
- Sweat
- Sweat lodge
- Swimming
- Team events
- Traditional cooking classes
- Volleyball
- Walking (2)
- Yoga

Activities Identified as both Contemporary and Traditional

- Basketball (3)
- Being intimate (3)
- Dancing (6)
- Gardening (2)
- Horseback riding (4)
- Outdoor activities (being outdoors/going) (3)
- Running/Jogging (7)
- Structured class, organized class/group outing (3)
- Walking (5)
- Yoga (4)

## Appendix I: Traditional Food Definitions List

- Animal husbandry
- Anything you can plant and eat
- Beans
- Berries (2)
- Bird hunting
- Blue corn maize
- Blue corn mush (2)
- Buffalo hunting
- Cactus (nopales)
- Canning
- Caring through prayers
- Chili
- Chokecherries as a traditional food
- Clean food
- Commodity cheese
- Contemporary cooking methods
- Corn pollen (2)
- Cultural/ceremonial significance (accessible cultural experience)
- Cultural/ceremonial significance (Ceremonies and home)
- Cultural/ceremonial significance (used in wedding and coming of age)
- Deer hunting
- Differences by tribe (2)
- Dried and saved
- Dried corn
- Dried corn and meat
- Dried turnips -Timsila
- Elk
- Family
- Flour
- Flowers
- Food from the ocean
- Food indigenous to location
- Food norms of grandparents
- Foods
- Foods considered traditional that are not traditional
- Foods considered traditional that are not traditional are unhealthy
- Fresh-picked
- Frybread (6)
- Garden food
- Gardening
- Geese
- Healthier cooking alternatives
- Healthier foods
- Home
- Moose
- Mutton
- Organic
- Original
- Salmon
- Soup
- Squash
- Stew (2)
- Strength/give strength in life
- Sugar
- Tea
- Things you can pick and harvest
- Three sisters
- Traditional foods are high quality
- Wild foods
- Wojapi (2)