

Vision priorities for Improved Tribal and State collaboration to support Nebraska Native American Health and Wellbeing:

1. Local Health Department, Community-Based Organization, & Tribe Consultation

- Build trusting relationship with Winnebago Public Health Department and Northeast NE Public Health department (NNPHD) so NNPHD can help fill gaps so they are better serving Native American Populations especially in Dakota county for those that don't/can't get care in Winnebago and Macy.
- Collaboration for clear organizational structures, Tribal and State resource directories, knowledge sharing, and a unified Tribal communication platform (leveraging GPTEC).
- Partnering with CBOs to get work done (that the state can't do).

2. Tribal Data Sovereignty

- Inclusion Tribal and Native American voices in data planning discussions.
- Revise the process and format of data collection.
- Nothing for me without me! And improve listening to what needs are and inclusion.

3. Committed Tribal Advocacy

- Legislative assistance to help increase grant caps or increase funding for tribes.
- Establishing Tribal Division within (DHHS) to help with Flexible spending, sharing learning, including urban relatives, (starting the groundwork now, as it will take longer than 6-12 months to establish).
- In-depth training to understand tribal structure, limitations, needs, etc. (cross training).
- Intentional support by assigned contact, one DHHS support for TA.
- Liaison at State, Tribal, and community level (DHHS already has 5 Tribal Health Liaisons).

4. Trusted Relations, Tribal Consultation

- Start/continue relationship building with Tribes.
- Communities know what is best for their community, special attention to: avoiding savior mentality, knowing things required of state are not necessarily required of others, approaching as conversation not declaration, listening more than speaking to community, DHHS understanding Tribal Structures and communities.
- Consistent face-to-face Tribal and partner interaction to build trust.
- Nothing for me without me! And improve listening to what needs are.

5. Improved Communication

- Connections resilient to structures such as retirement, or staff turnover.
- Better communication especially among Tribal Health Liaisons, internally, etc.
- Regular, proactive communication with identified points of contact.
- Improve cultural humility within our department (state and local level).
- Health Departments don't always know what's best for every population, there's desire to meet regularly with Native American peers, set goals and evaluate progress together.
- Strengthen Internal processes ie: communication.

6. Resource and Outreach Directory

- Identify resources at state Tribal, and community level.
- Tribal, county, state resource directories and contact lists.
- Tribal Directories/ State Directories (readily available, searchable database accessible by either party) to help address needs specific to each population and help DHHS understand how tribal departments and programs work.
- "No wrong door" means cultural competence.

7. Tribal Equity

- Identify priorities for respective NE Tribal Nations.
- Buy-in from Tribal council, admin, and staff.
- Unified tribal communication platform that has possibility for Tribes/tribal health system/department to learn from each other, maybe a community of practice? But centers around idea of organizing respective "houses".
- Equity across all tribes and being mindful of 4 tribes verses all tribes vs enrolled vs identified, and inclusion of urban relatives not residing on reservations.