The NCAI Policy Research Center mission is: “To provide tribal leaders with the best available knowledge to make strategically proactive policy decisions in a framework of Native wisdom that positively impact the future of Native peoples.” This research update serves to provide information on research priorities and funding resources to support the strategic planning of tribal leaders in research and to highlight new federal resources on an important topic concerning various tribes across the nation, Native men’s health. Future editions of the Research Update will highlight other research resources. To suggest a topic, please email mvillegas@ncai.org.

Top Research Priorities

There is a great interest in leveraging research tools to advance tribal sovereignty, to highlight the contributions of Native cultures and knowledges, and to strengthen Native communities. Below is a brief list of top research priorities identified by tribal leaders and others, including the need to:

- Assess the impact of climate change on Native peoples, communities, and lands;
- Identify the value of natural resources (e.g., water and fisheries) beyond commercial development;
- Forecast tribal labor needs and markets;
- Understand the impact of co-occurring conditions (e.g., cardiovascular disease and diabetes) on Native wellness;
- Determine the contribution and impact of tribal enterprises in local, state, and other economies;
- Share information on early childhood best practices that strengthen Native cultures and languages;
- Document the value of Native culture and governance in education, health, and justice; and
- Develop comparative, strengths-based measures of success in program outcomes.

Native Men’s Health Research

“There is a silent health crisis in America…on average, men live sicker and die younger than women.”

– Men’s Health Network, 2013

A statement such as this about the ‘silent health crisis’ is designed to alert us to a dangerous trend in the health of men in America. This trend is particularly pertinent for Native men, who consistently show up in research data as facing various health challenges and being at increased risk for many illnesses and earlier death when compared with Native women. Yet strengthening Native men’s health is not about taking away from any existing focus on Native women’s health so much as it is an essential part of improving health for Native families and communities, including that of Native women as well.

At the NCAI Policy Research Center, we have noticed a need to focus efforts around Native men’s health issues. As such, we want to draw attention to the Men’s Health Network and their partnership with the Indian Health Service that seeks to improve Native men’s health through policy briefs, strategic partner coordination, and webinars. In what follows, we highlight data and insights from the policy brief published by the Men’s Health Network in 2013 (and available at http://www.menshealthnetwork.org/library/AIANMaleHealthDisparites.pdf) on the wellness and health equity of Native men and boys.

Native men have shorter lives than Native women

- Life expectancy for All-Races of US men is seven percent less than that of US women (74 to 80 years).
- Life expectancy for Native men is eight percent less than that of Native women (69 to 76 years).
- Life expectancy for Native men in the Aberdeen Indian Health Service region, where Native health status is lowest, is 11 percent less than that of Native women in Aberdeen (63 to 71 years).
Native men are at higher risk of death than Native women

- US men of All-Races die at a rate that is 25 percent higher than that of US women of All-Races, yet Native men die at a rate that is 50 percent higher than that of Native women. In the Aberdeen IHS Region, Native men die at a rate that is 55 percent higher than that of Native women. 

Figure 1. Overall Mortality per 100,000 Among AI/ANs and US All-Races by Gender, 2004-2006

![Graph showing overall mortality rates for US All-Races and American Indian/Alaska Native by gender.]

Native men and boys commit suicide at rates that far outpace that of US men and boys of All-Races and that exceed the suicide rates of Native women, especially for those between 25 and 35 years old (200 percent higher than that of US men of All-Races at that age and 335 percent higher than that of Native women at that age).

Figure 2. Suicide Death Rates of AI/ANs and US All-Races per 100,000 by Gender and Age, 2004-2006

![Graph showing suicide death rates by gender and age for AI/ANs and US All-Races.]

Native men experience death rates 200 to 500 percent greater than Native women for suicide, HIV/AIDS, homicide, unintentional injuries, diabetes, firearm injury, and alcohol-related death.

Native men experience death rates 10 to 50 percent higher than Native women for cancer, heart disease, and liver disease.

Policy Strategies. Several organizations have emerged to address Native men’s health and have put forth some of the following policy strategies, including:

- The authorization of the Indian Health Care Improvement Act (as part of the Affordable Care Act) has given authority to the IHS to establish an Office of Indian Men’s Health that will help ensure men become insured and utilize health promotion and health care services;
- Congress and the American Public Health Association have recently established men’s health caucuses;
• Federal agencies such as the Health & Human Services Office of Minority Health and the Administration for Native Americans have prioritized men’s health and fatherhood initiatives;
• Private foundations (e.g., Kaiser Family Foundation) have priorities to address men’s health disparities;
• Tribal nations are creating opportunities for Native men to meet together and foster one another’s wellness – the Native Men’s Health Network at http://nativemenshealth.org and Native PRIDE’s “The Good Road of Life: Responsible Fatherhood” curriculum are two examples; and
• Stakeholders are calling for better quality and more recent data on men’s health, which is especially needed in the case of Native men’s health as the most current is drawn from the Indian Health Service’s 2002-2003 Trends in Indian Health.

Some Resources
• Partnering for Wellness: Charting a Course to Hope, Healing, and Health for Native Males and Their Families, Men's Health Network Webinar, June 2013. Available from: http://ihss.adobeconnect.com/p37y0dazri/

Selected Research Training & Funding Opportunities

These opportunities may be of interest to NCAI’s members and include training initiatives that are based in tribal communities or at tribal colleges and universities, as well as those that specifically offer training and funding for American Indian and Alaska Native peoples.

Tribal College Faculty Development Initiatives. The American Indian College Fund manages four major funding opportunities for tribal college faculty to complete master’s or doctoral degrees and develop research initiatives. Funding is provided by a number of private foundations including the Mellon Foundation (see www.collegefund.org/content/mellon_faculty_development).

Center for American Indian and Indigenous Studies Fellowships, the Newberry. There are several short- and long-term fellowships for American Indian and Alaska Native graduate students, postdoctoral candidates, and faculty to pursue research using the Newberry collections in Chicago. Deadlines for long-term fellowships are in December 2013 and for short-term fellowships in January 2014. See http://www.newberry.org/center-american-indian-and-indigenous-studies-fellowships for more information.

National Institutes of Health (NIH) Trainings & Services. Acknowledging the need to increase the diversity of researchers and improve research in American Indian/Alaska Native (AI/AN) contexts, NIH provides various trainings for emerging investigators and invests in AI/AN translation research. Specifically, NIH offers a 3-month IRB Internship Program for those interested in learning more about federal research regulation (contact shull@mail.nih.gov).

Morgan Stanley Tribal Scholars Program. Morgan Stanley will award scholarships of $5,000 annually to outstanding American Indian students currently enrolled at a tribal college or university who have an interest
in business or financial services; have at least a 3.0 grade point average; have demonstrated leadership and service to the American Indian community; and are American Indian, Alaska Native, or Hawaii Native.

**ESA Foundation Scholarship in Computer & Video Game Arts.** The ESA Foundation has established a scholarship program to assist women and minority students who are pursuing degrees leading to careers in Computer & Video Game Arts. The scholarships are offered for full-time undergraduate study at accredited four-year colleges and universities in the US. Up to 30 scholarships of $3,000 each will be awarded annually, 15 to graduating high school seniors and 15 to current college students. To apply, visit [https://aim.applyists.net/esaf](https://aim.applyists.net/esaf) between March 1 and May 15 for the following academic year.

**Tools & Initiatives of the NCAI Policy Research Center**

**8th Annual Tribal Leader/Scholar Forum Proceedings.** The 8th Annual Tribal Leader/Scholar Forum was held in Reno, Nevada, in June at NCAI’s Mid Year Conference. The theme was, “Planning for Change in Native Communities: Using Research to Understand Economic, Civil, and Cultural Transformation.” The Proceedings document includes abstracts and PowerPoint slides from the 18 conference presentations, as well as abstracts and poster images from the 7 Poster presentations and is available at [http://tinyurl.com/NCAIPRC-RenoProceedings](http://tinyurl.com/NCAIPRC-RenoProceedings).

**Policy Brief: Preventing Unintentional Injury & Death on Reservation Roads.** Deaths resulting from unintentional injury are the second leading cause of death for Native people. This brief presents data related to seat belt use, child safety seat use, pedestrian safety, and distracted driving; summarizes trends from 18 tribal codes related to child safety seat use; and provides recommendations for tribes. We hope to identify 3-5 tribes who have promising initiatives in preventing unintentional injury to feature in case studies. This work is funded by the Robert Wood Johnson Foundation. For more information, contact ewwhitehat@ncai.org.

**Policy Insights Brief: Statistics on Violence Against Native Women.** In this February 2013 Policy Insights Brief, the NCAI Policy Research Center synthesizes available data on violence against Native women to guide policy decision-making and media reporting. This brief aims to provide detail on previously reported statistics and original sources of data used often in policy discussions. Available at [http://files.ncai.org/broadcasts/2013/February/Policy%20Insights%20Brief_VAWA_020613.pdf](http://files.ncai.org/broadcasts/2013/February/Policy%20Insights%20Brief_VAWA_020613.pdf).

**American Indian and Alaska Native Genetics Resource Center.** In September 2012, the NCAI Policy Research Center launched the Genetics Resource Center as an online resource in response to tribal leaders’ request for more information on genetics research (see [http://genetics.ncai.org](http://genetics.ncai.org)). This project was supported by funding from the National Human Genome Research Institute of the National Institutes of Health.

**‘Walk Softly and Listen Carefully’: Building Research Relationships with Tribal Communities Report.** In partnership with Montana State University’s Center for Native Health Partnerships, the NCAI Policy Research Center developed a resource guide to provide insights for researchers committed to developing research that benefits Native peoples. Available at [http://tinyurl.com/NCAI-WalkSoftly](http://tinyurl.com/NCAI-WalkSoftly).


**Research that Benefits Native Peoples: A Guide for Tribal Leaders.** This five-module curriculum proposes five core values guiding research in Native contexts and guides tribal leaders through discussion on research design, ethics, research review protocols and institutional models, and evaluation. Module 1 is available at [www.ncaiprc.org/research-curriculum-guide](http://www.ncaiprc.org/research-curriculum-guide) and the training is provided over 2.5 days.