

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)
Missing and Murdered Indigenous People (MMIP) Prevention Strategy–Framing paper

OVERVIEW

Throughout the summer of 2022, the HHS will work on the development of a comprehensive prevention plan to address the risk factors for Missing and Murdered Indigenous People (MMNA). This strategy is a deliverable of the [Executive Order 14053](#), Improving Public Safety and Criminal Justice for Native Americans and Addressing the Crisis of Missing or Murdered Indigenous People

SUMMARY

HHS is committed to working together across HHS and with other federal partners to leverage critical services and resources for Tribal and Native communities, especially in support of presidential and secretarial priorities. As the President noted in the E.O, “Native Americans face unacceptably high levels of violence, and are victims of violent crime at a rate much higher than the national average.” While these instances of violence are deplorable and require a swift response, the HHS MMIP Prevention Strategy will focus on the root causes of violence to work towards prevention. Section 5 of the E.O. calls on the Secretary of Health and Human Services, in consultation with Tribal nations and others impacted to develop a comprehensive plan to support prevention efforts that reduce risk factors for victimization of Native Americans and increase protective factors by enhancing the delivery of services to victims, survivors, and their families and advocates.

Broadly defined, public health is what we do, as society, to support conditions for people to be healthy. The public health approach is used by diverse sectors to identify root causes of a problem and implement interventions that address those causes and associated risks. Collectively, this public health framework will be part of a comprehensive national strategy used by HHS to protect Native American women, men, children, and Elders from going missing or being further victimized by violence whether they live in their Tribal communities or urban areas.

The HHS MMIP Prevention Strategy will expand upon an existing resource at HHS like these listed below:

- **Administration for Children and Families (ACF):** [Framework on Missing and Murdered Native Americans](#). The framework focuses on improving the wellbeing of Native populations and communities through a wide range of ACF programs and technical assistance resources. The primary intent is to move ACF resources upstream to promote prevention, intervene for those in crisis, and support individuals, families, and communities in need of healing.
- **Administration for Community Living (ACL):** [Housing and Services Resource Center](#). The Housing and Services Resource Center was created for people who work in the organizations and systems that provide housing resources and homelessness services, behavioral and mental health services, independent living services and other supportive services, and others who are working to help people live successfully and stably in the community.
- **Centers for Disease Control (CDC):** Division of Violence Prevention's [VETO Violence](#) has tools and trainings on Violence Prevention. Explore these resources for quick summaries on basic violence prevention information. For a more comprehensive look, consider completing the Principles of Prevention training.

- **Health Resources Services Administration (HRSA):** We lead efforts to help community health care centers and domestic violence programs address intimate partner violence (IPV) and human trafficking. Towards these effort we have assembled resources at the following site: [How to Address Intimate Partner Violence and Human Trafficking at the Community Level](#)
- **Indian Health Service (HIS)** -The [Division of Behavioral Health](#) addresses serious behavioral health issues such as substance use disorders, mental health disorders, suicide, violence, and behavior-related chronic diseases have a profound impact on the health of American Indian/Alaska Native (AI/AN) individuals, families, and communities.
- **National Institutes of Health (NIH)**- Substance use and misuse are often contributing factors to MMIP. Resources available at the [National Institute on Alcohol Abuse and Alcoholism](#) and [Substance Use and Co-Occurring Mental Disorders](#)
- **Substance Abuse and Mental Health Services Administration (SAMHSA)** is the HHS agency that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use disorders, and their families. Multiple funding and technical assistance resources can be accessed through the [Office of Tribal Affairs and Policy](#).

We propose that the HHS MMIP Prevention Strategy will use a protective factors approach to support three pillars, as follows: (1) boosting protective factors such as culture, language, traditional practices; (2) improving prevention efforts; and (3) addressing the social determinants of health (defined by Healthy People 2030 as economic stability, healthcare access and equity, social and community context, education access and quality, and neighborhood and built environment). The completed strategy will identify current or potential actions as well as resources within HHS that can be leveraged by communities to address the root causes of MMIP using the three pillars.

KEY QUESTIONS FOR TRIBAL LEADERS:

- *What are the biggest challenges and obstacles in working with local level partners (law enforcement, social services, education systems, etc) in your communities about MMIP as a national crisis?*
- *What protective factors support your work across your tribal services such as health, social services, housing, and nonprofits or other partners to address the needs of your tribal members?*
- *What additional services would benefit your tribal community to address the root causes of MMIP?*
- *Do you currently have prevention programs in place? For what sectors of your citizens (youth, women, elders, etc.?) Do you currently evaluate the effectiveness of these services or programs? If so, what can HHS and other federal agencies do to make these programs more effective?*
- *Do you currently have early intervention programs in place? For what sectors of your citizens (youth, women, elders, etc.?). Do you currently evaluate the effectiveness of these services or programs? If so, what can HHS and other federal agencies do to make these programs more effective?*
- *Are there specific data or research gaps that effect your community's prevention efforts?"*