

CPAL March 2023

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Hidatsa/Dakhóta

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Professor, UBC School of Nursing*



THE UNIVERSITY OF BRITISH COLUMBIA



Objectives

- ▶ Define- what does Indigenous mean? Who is American Indian/Alaska Native? Why does it matter?
- ▶ Understand how the aging field/theories do or don't fit with AIAN
- ▶ Examine and Reconcile a quick 'Indigenous 101' history with Chronic Disease in AIAN
- ▶ Apply Trauma Informed Care
- ▶ Negotiating Care Beyond Resilience

Land Acknowledgement



Who is American Indian/Alaska Native? (AIAN)

- An enrolled Member of a Federally Recognized Tribe
- And/or a member as recognized by the tribe as a member or descendant
- How many tribes are there?
- How many AIAN?
- Distinction- Dual Citizens in the US from w/I the US. Members of partial Sovereign Nations
- Elders- First Peoples-Last Citizens

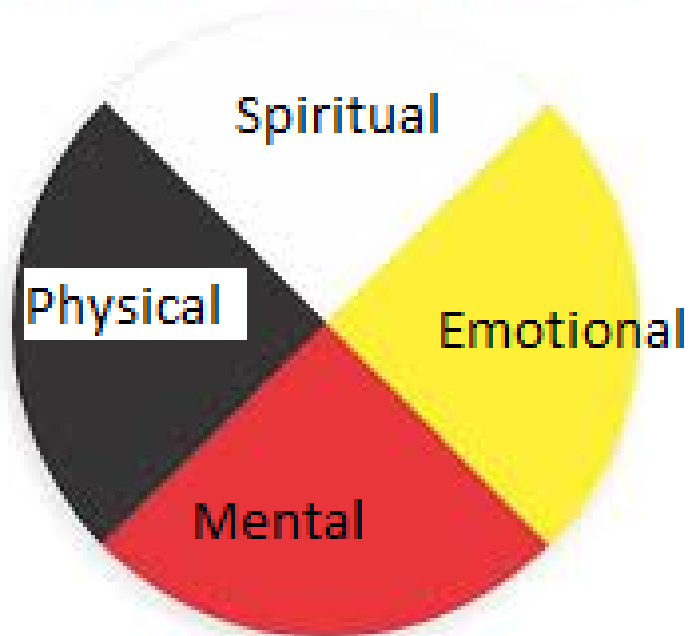


Indigenous Aging: Lessons from the Field

- Body, Mind, Spirit/ Medicine Wheel
- Reverse order for many traditional/elders



The Medicine Wheel





- Go out before dawn
- Touch the earth
- Burn food offerings
- Abstain from food/Deshkwi
- Pilgrimages
- Dances/Shalako
- Feed the Gods



Questions?
Why will AIAN elders not go to eldercare?
Do Aging theories fit?



Culture as a Protective Factor

- ▶ For all generations
- ▶ My focus is on Aging
- ▶ Strength is from: culture, spirituality, shared values, and a strong sense of identity, accountability, and responsibility

- ▶ So Culture as a Mediator to Resilience!

Dictionary

Definitions from [Oxford Languages](#) · [Learn more](#)



re·sil·ience

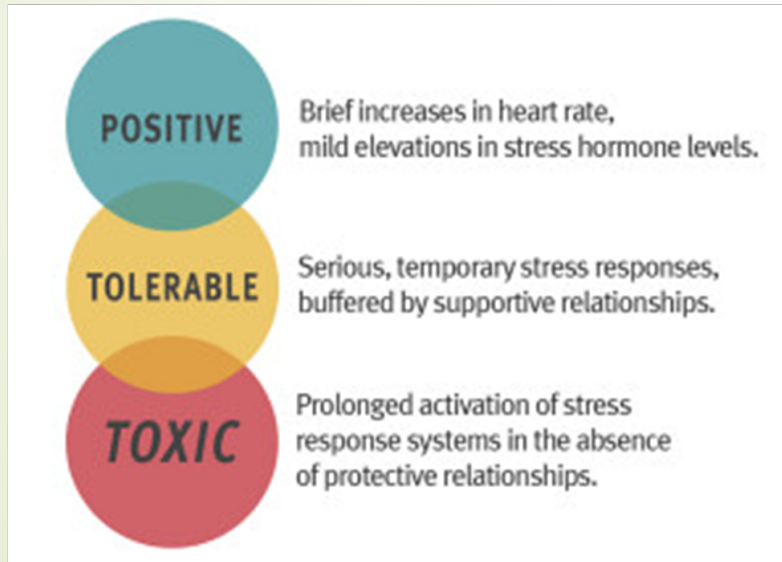
noun

1. the capacity to withstand or to recover quickly from difficulties; toughness.
"the remarkable resilience of so many institutions"

Chronic diseases are defined broadly as conditions that last 1 year or more and require ongoing medical attention or limit activities of daily living or both. Chronic diseases such as heart disease, cancer, and diabetes are the leading causes of death and disability in the United States.
CDC

Toxic Stress/Historical/Contemporaneous

Definitions-
Toxic Stress



Measur
to stre
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and co
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Source: <http://developingchild.harvard.edu/science/key-concepts/toxic-stress/>

Source: <http://developingchild.harvard.edu/science/key-concepts/toxic-stress>



Comparison of 2007-2009 AI/AN death rates to 2008 U.S. all races death rates. IHS 2014

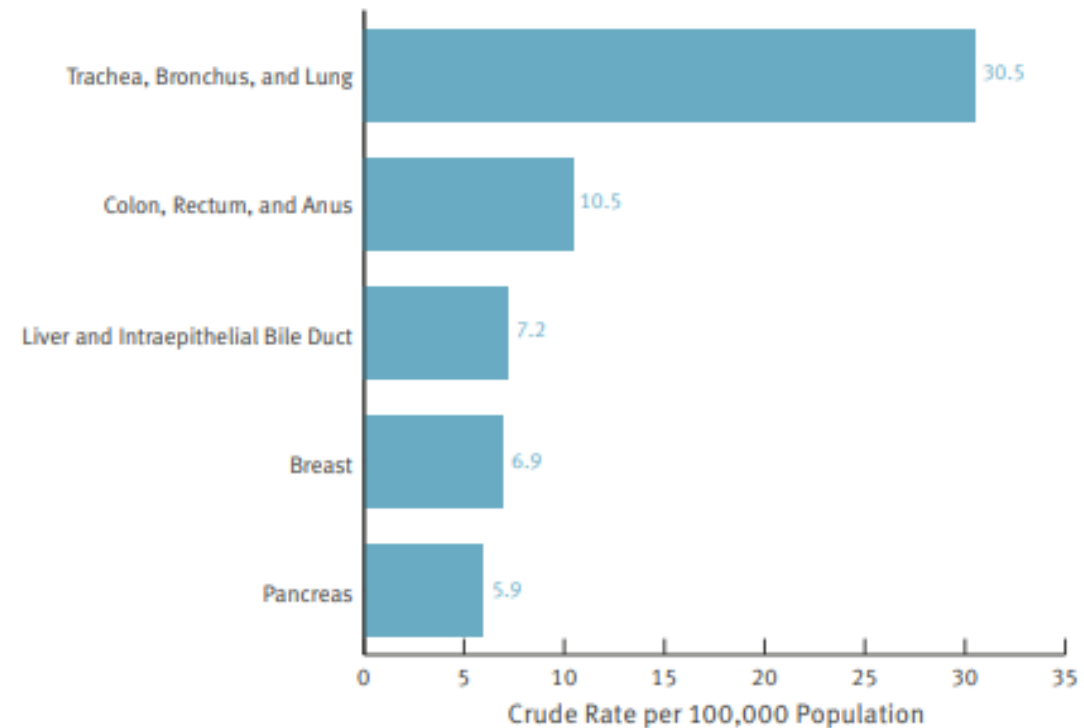
- Alcohol related—520 percent greater;
- Tuberculosis—450 percent greater;
- Chronic liver disease and cirrhosis—368 percent greater
- Motor Vehicle Crashes—207 percent greater;
- Diabetes mellitus—177 percent greater;
- Unintentional injuries—141 percent greater;
- Poisoning— 118 percent greater;
- Homicide—86 percent greater;
- Suicide—60 percent greater;
- Pneumonia and influenza—37 percent greater; and
- Firearm injury—16 percent greater;

Cancer

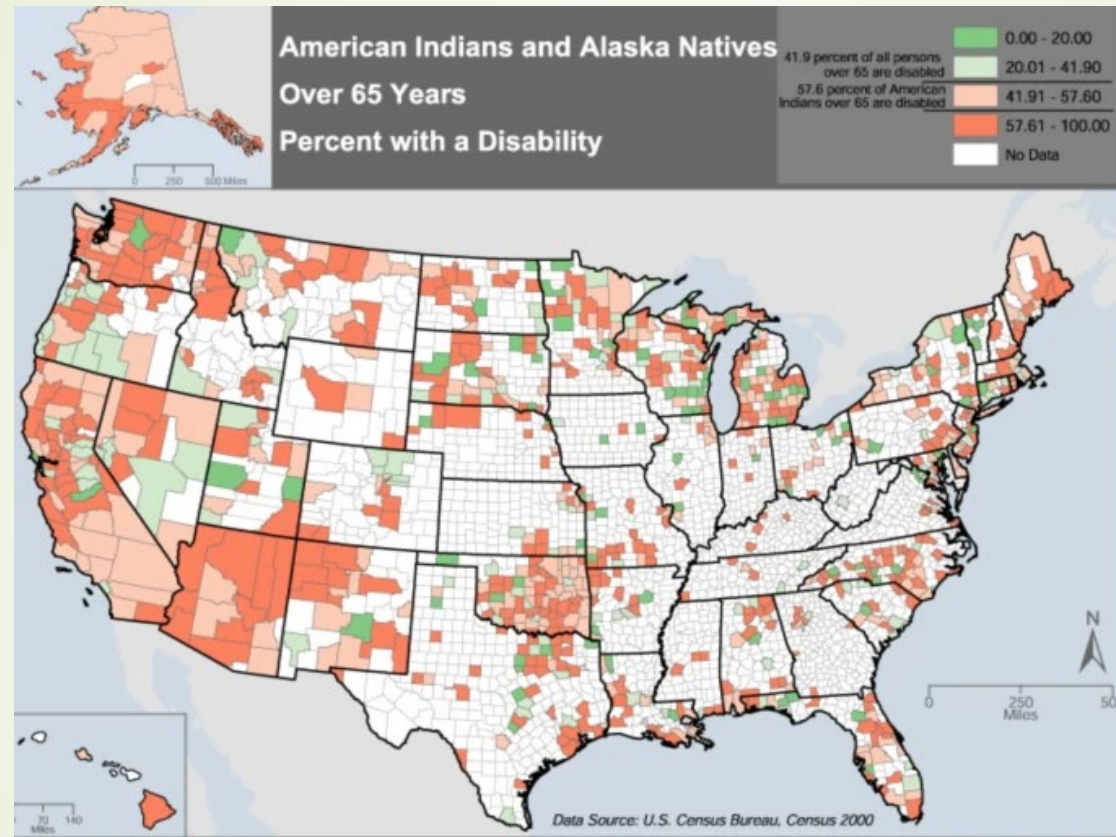
The leading site for cancer deaths among AI/AN in 2007-2009 was trachea, bronchus, and lung. Over 2.9 times as many AI/AN people died of this type of cancer than the next leading site, colon, rectum and anus. The third and fourth leading sites were liver and breast, respectively. These AI/AN rates have been adjusted to compensate for misreporting of AI/AN race on state death certificates.

Chart 4.35 Death Rates for Leading Cancer Sites

American Indians and Alaska Natives (2007-2009)



Functional Disability



Chronic Disease

↓
Limitations

↓
Functional/Disability

↓
Death

<https://ij-healthgeographics.biomedcentral.com/articles/10.1186/1476-072X-5-37>

Trauma Informed Care

- Safe
- Culturally Safe (only the patient Can Say)
 - Cultural Humility
 - Cultural Respect
- Understand the History
- Understand the Resources
- Age-relevant
- Gender Relevant



Definitions- Beyond Resilience

- Decolonization
- Indigenization
- Reconciliation



Decolonization-

- Simply put, in terms for healthcare/service provision and assessment- determining which/whose perspectives and worldviews get to count as knowledge and research for practice.
- Another way to look at it- not to take away Western Medicine but to make room for others, others that have been here for 10,000 of years in this very place.

Examples- Hantavirus/Hair/ and Who really holds the *knowledge-Mitakuye Oyasin*



Indigenization

- So, if decolonization is contemplating- maybe there are other equally important ideas, knowledge, and ways of knowing and **making room** then-
- “Indigenization is a term that has emerged since the early 2000s to signal the process of increasing the presence of Indigenous peoples and knowledge in traditionally Euro-Western institutions”
- Examples- This presentation, integration of AIAN ways of knowing- ethnography to guide practice/services.

Reconciliation

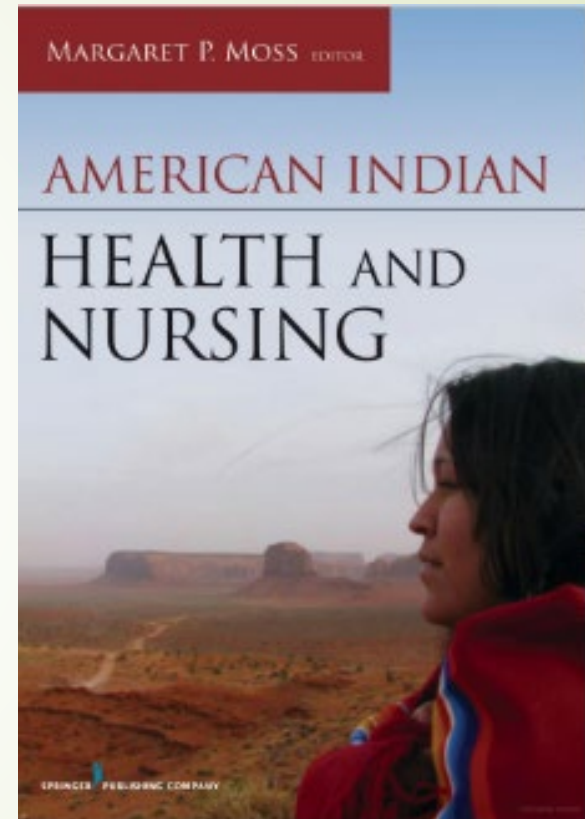
- Debate over whether an appropriate word. But meant to bring the differing sides together. Here the outcome of successful decolonization and indigenization- aspirational at this point.
- This is illustrated in the reconciliation pole found at UBC. I encourage you all to go look at it with fresh eyes.

<https://youtu.be/WL12hNFig1M>



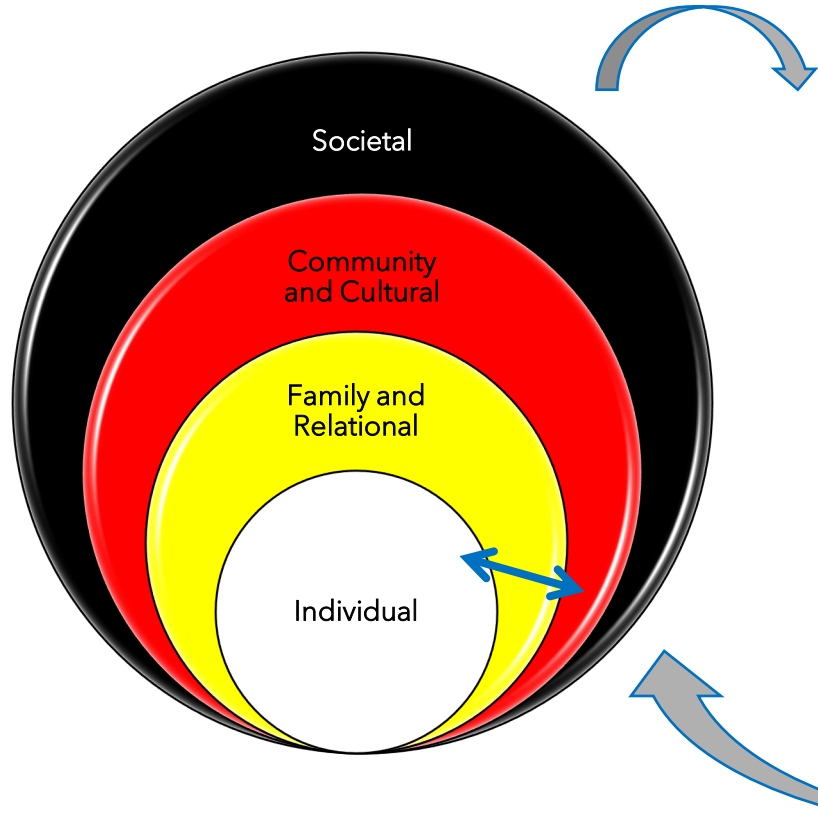


Thank You!

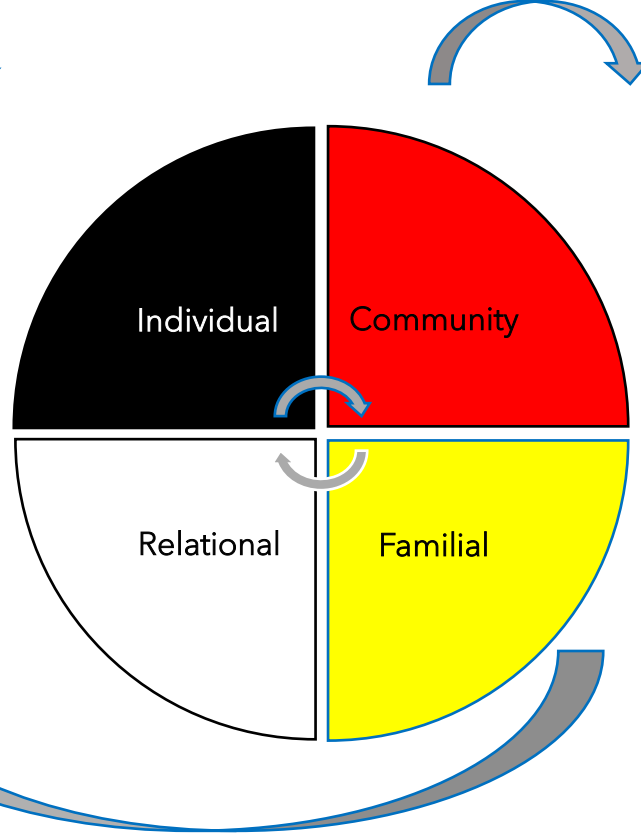


Resiliency as a Mediator for Cancer Prevention among American Indian and Alaska Native People

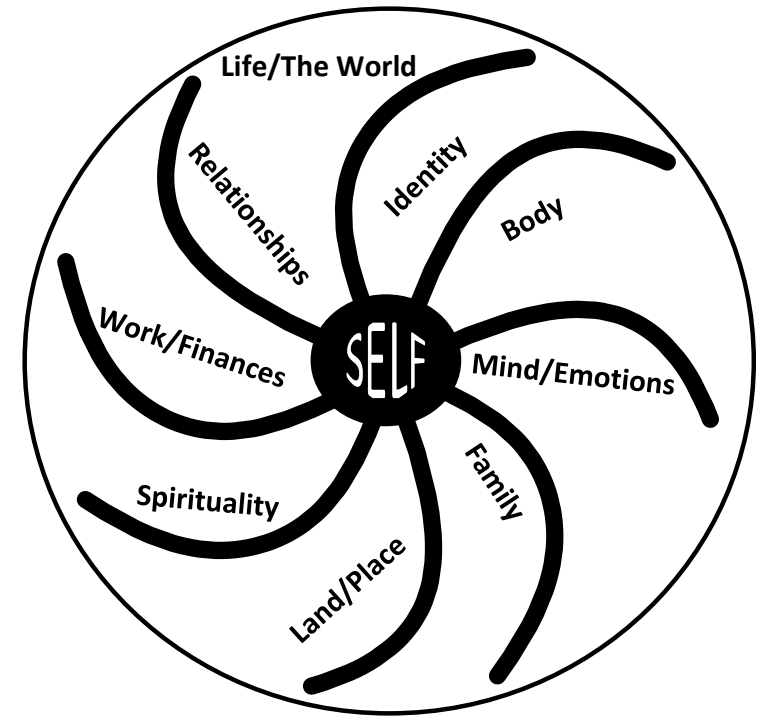
Ecosystemic Resilience



Wellness



Living AWAKE



Catherine E. McKinley

Associate Professor, Tulane University School of Social Work

YAKOKE/!

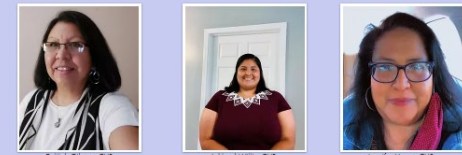
ACKNOWLEDGEMENTS

Anishinabe/Ojibwe: Miigwech Creek: Mvto Shimalgyak (Tsimshian): Doyckshin
Yaqui: Chiokoe utessia Hopi: Kwakwha Alutiiq: Quayanna Choctaw: Yakoke
Dakota: Pidamayaye Tlingit: Gunaicheesh Haida: Haw.aa Klamath: Sepk'eec'a
Pueblo of Acoma: Dawae Cherokee: Wado **Thank you** Cheyenne: Nea ese
Coeur d'Alene (Salish): Limlemsh Tewa: Gunda Lakota: Pilamyaye
Hawaiian: Mahalo Blackfeet: Nitsiiniiyi'taki Sgi: Cherokee Narragansett: Kutapatush

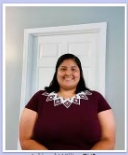
FUNDING ACKNOWLEDGEMENTS:

- The National Institute on Alcohol Abuse and Alcoholism of the National Institutes of Health under Award Number R01AA028201).
- The Eunice Kennedy Shriver National Institute of Child Health & Human Development of the National Institutes of Health (Krousel-Wood-PI, Award K12HD043451; Catherine Burnette-Building Interdisciplinary Research Careers in Women's Health (BIRCWH) Scholar).
- U54 GM104940 from the National Institute of General Medical Sciences of the National Institutes of Health, which funds the Louisiana Clinical and Translational Science Center.

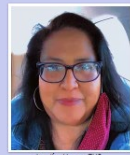
I acknowledge Indigenous peoples' ancestral lands of New Orleans, and more broadly, the Louisiana and Mississippi regions where I am honored to live, learn, and work. I respect these diverse Indigenous peoples' sacred connections to their ancient homelands, along with their continued historical, political, and sovereign rights. In particular, I acknowledge the Mississippi Band of the Choctaw Indians, the United Houma Nation, the Chitimacha Tribe of Louisiana, the Coushatta Tribe of Louisiana, the Jena Band of Choctaw Indians, the Bayou Lafourche Band of Biloxi-Chitimacha-Choctaw People (BCCM), the Tunica-Biloxi Indian Tribe of Louisiana, the Addai Caddo Tribe, the Choctaw-Apache Community of Ebarb, the Clifton Choctaw, the Four Winds Tribe Louisiana Cherokee Confederacy, the Grand Caillou/Dulac Band of BCCM, the Isle de Jean Charles Band, Natchitoches Tribe of Louisiana, the Louisiana Band of Choctaw, and the Pointe-Au-Chien Indian Tribe. I also acknowledge those left out of federal or state recognition and those no longer with us due to genocide and forced relocation.



Deliah Gibson, CHR



Ashland Willis, CHR



Jennifer Henry, CHR



Amy Johnson, CHR



Tina Routh, CHR



Luanda Willis, CHR



Alex Douglas, CHR



Desha Allen, CHR



Autumn McMillan, CHR



Erin John, CHR



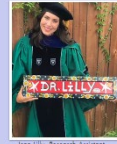
Jennifer Willis, CHR



Angelina Mares, CHR



Kristiana Taylor, Lead CHR



Jenn Wiley, Research Assistant



Heinrich Knopp, Research Assistant



Kruti Kappu, Research Assistant



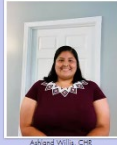
Marinda Ben, CHR



Brooke Dixon, CHR



Deliah Gibson, CHR



Ashland Willis, CHR



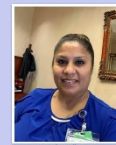
Jennifer Henry, CHR



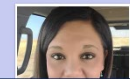
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Luanda Willis, CHR



Alex Douglas, CHR



Desha Allen, CHR



Autumn McMillan, CHR



Weaving Healthy Families Program Chukka Auchaffi' Natana [in Choctaw]

Meet the WHF team

In the News: June 2, 2020

PDF



WHF Advertisement.pdf



WHF History and Development

In the News: September 16, 2020

Pilot Program Results



Yakoki to all!!



Weaving Healthy Families Team

Past and Present Contributors



Catherine E. McKinley, PhD, LMSW
Principal Investigator, Project Lead



Maple Dynon, Program Manager



Tameia Solomon, Program Manager



Nikki Comby, Lead CHR
Community Advisory Board Member



Dan Isaac, Lead CHR
Community Advisory Board Member



Jeremy Chikoway, Lead CHR
Community Advisory Board Member



Harold Das Comby, Lead CHR
Community Advisory Board Member



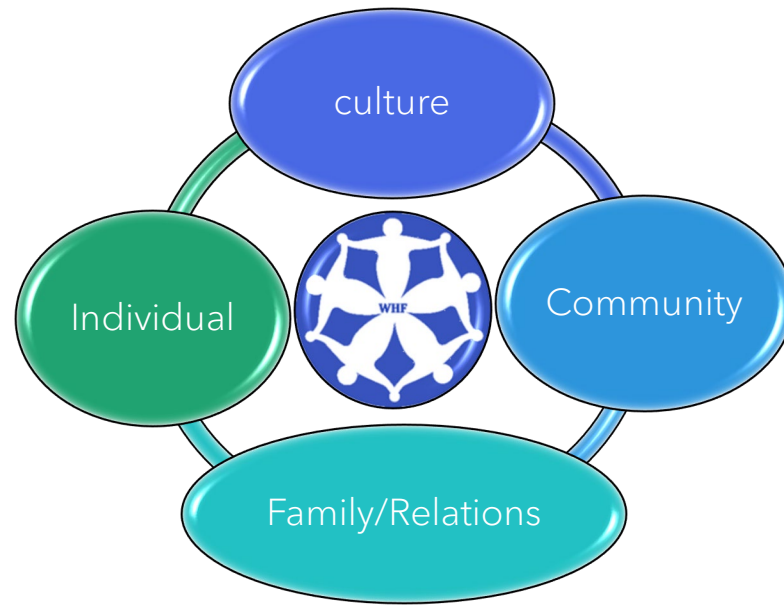
Katherine Theall, Coinvestigator



Charles Figley, Coinvestigator



OBJECTIVES



Define

Resilience from an AIAN perspective by seeking with seeking and utilizing cancer prevention services

Understand

A trauma-informed approaches that promote AIAN resilience

DIVERSE NA TRIBES IN THE U.S.



- 574 federally recognized tribes (Bureau of Indian Affairs, 2021)
 - Eligible for Indian Health Services
 - Based on over 400 treaties
 - Funded at 70% rate of prison population (Le & Apteker, 2019)
- 66 state recognized tribes (National Conference of State Legislatures, 2015)
- 400 tribes that exist outside either jurisdiction (U.S. Government Accountability Office, 2012).
- Over 5 million people
- More than 9 in 10 (92%) NAs live off reservation communities, largely in urban areas (U.S. Census, 2012).

WITH SETTLER COLONISTS CAME DIFFERENT WORLDVIEWS



“Colonial mindset” has literally and metaphorically been internalizing and infused in institutions and research practices: Assimilative and

Western European/Settler

- Positivism, Science
- Compartmentalize, categorize
- Time: linear, future- deadline
- Focalized, reduced, static
- Measurable, Quantity > quality

Knowledge

- Many truths, context
- Inclusive, intuition, heart, spirituality, experiential
- Time is cyclical, event based
- Dreams, visions, ceremonies sources of knowledge
- Pattern, connections
- Whole>part

Indigenist

- Land is for human use and consumption
- Humans most important
- Emphasis on materialism
- Extraction

Land/Environment

- Land is sacred
- Take only what is needed
- Interconnection
- Respect all life forms
- Harmony and balance
- Life dynamic, changing

- Patriarchal, Paternal and hierarchical
- Nuclear
- Communication: Linear, direct
- Language: Noun, object
- Task

Family & Relations

- Matrilineal, Egalitarian, Fluid, Expansive
- Kinship, Extended, Childrearing Collective
- Circular, indirect
- Language: Verb
- Relational-oriented

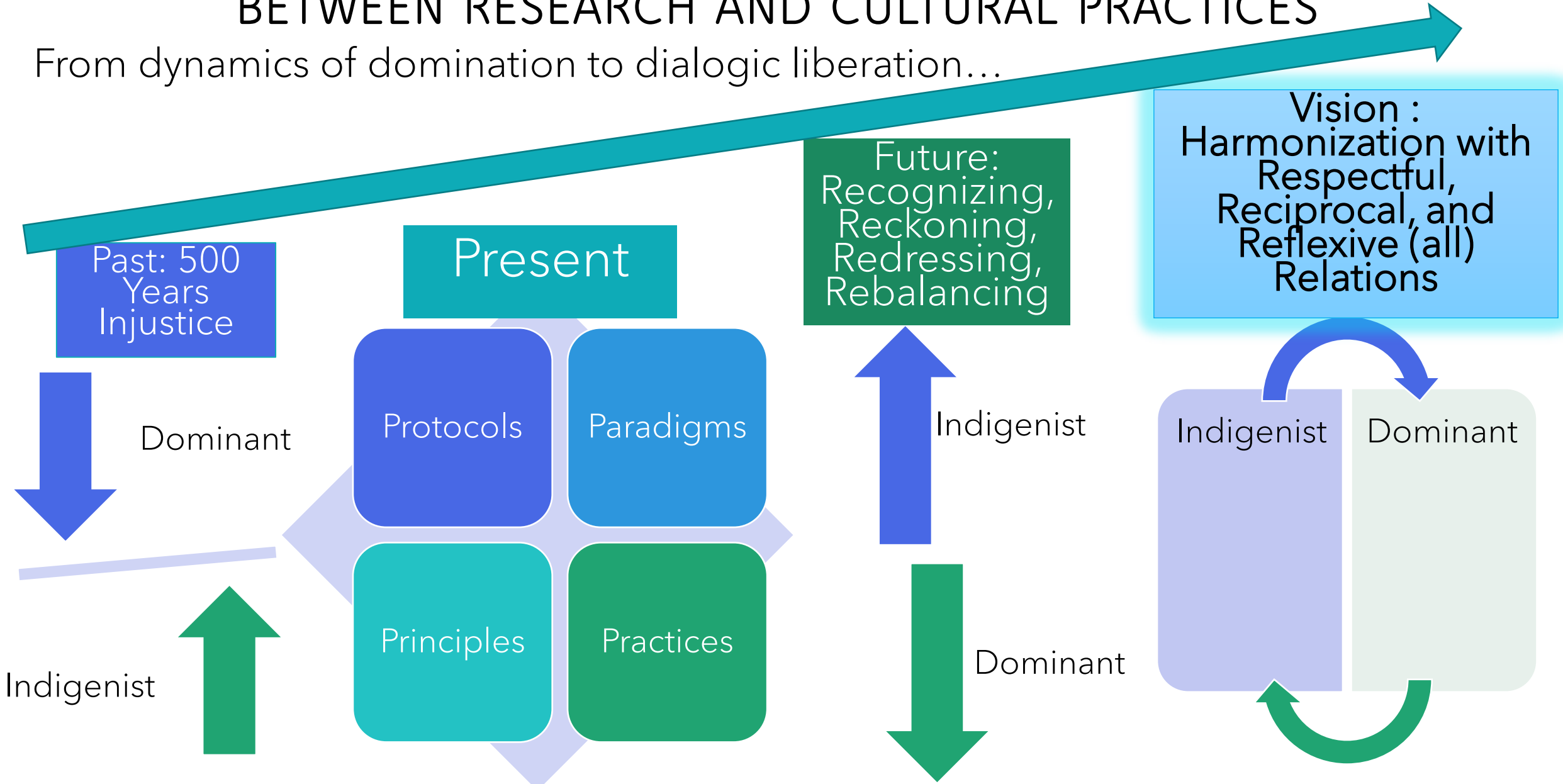
- Personal achievement and success
- Avoid conflict, displays of emotion
- Hierarchical, Competitive
- Independence > interdependence
- Product>Process

Individual Vs. Collective

- Collective>Individual
- Interdependence – collaboration
- Honesty and truth
- Community wellness
- Importance of gratitude & reciprocity
- Process>Product

RECOGNIZING, RECKONING, & REDRESSING HISTORIC IMBALANCES BETWEEN RESEARCH AND CULTURAL PRACTICES

From dynamics of domination to dialogic liberation...

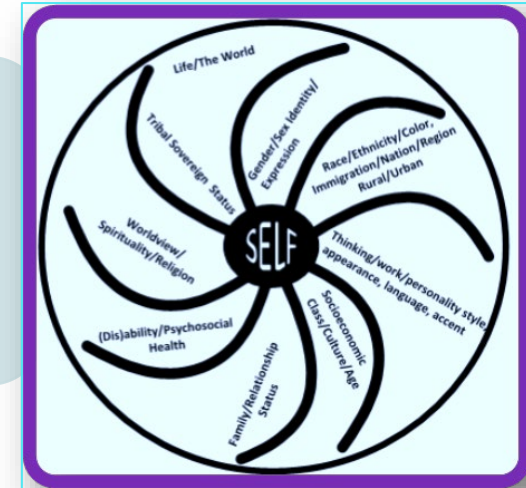


Haudenosaunee (Iroquois) Principle: Decisions Based on best interests and sustainability for next 7 Generations

Becoming Gender AWake: Unlocking, *alterNative*, *Expansive*

All live in a World Structured by Settler colonization: "Logic of elimination" (Wolfe, 2006)

- Heteropatriarchy/paternalisms, white supremacy, capitalism, racism, sexism, positivism, and Eurocentric perspective (Belfie & Sandiford, 2021; para, 2021; Yang & Tuck, 2012)



Liberation from *colonial mindset* (McKinley, In Press)

- Dismantling ideologies of colonial superiority privileging Western European, Dominant approaches/thought (including research) (Cull et al., 2018)

Centering "Indigenist" Worldviews (Walters & Simoni, 2002)



McKinley, C. E. (Forthcoming, March 2023). *Understanding Indigenous Gender Relations and Violence Against Indigenous Women: Becoming Gender. AWake*. Springer Nature. ISBN-13: 978-3031185823

Wolfe, P. (2006). Settler Colonialism and the Elimination of the Native. *Journal of genocide research*, 8(4), 387-409.

Tuck, E., & Wayne, K. Yang. 2012. "Decolonization Is Not a Metaphor." *Decolonization: Indigeneity, Education & Society*, 1(1), 1-40.

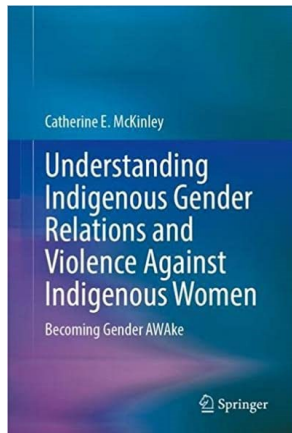
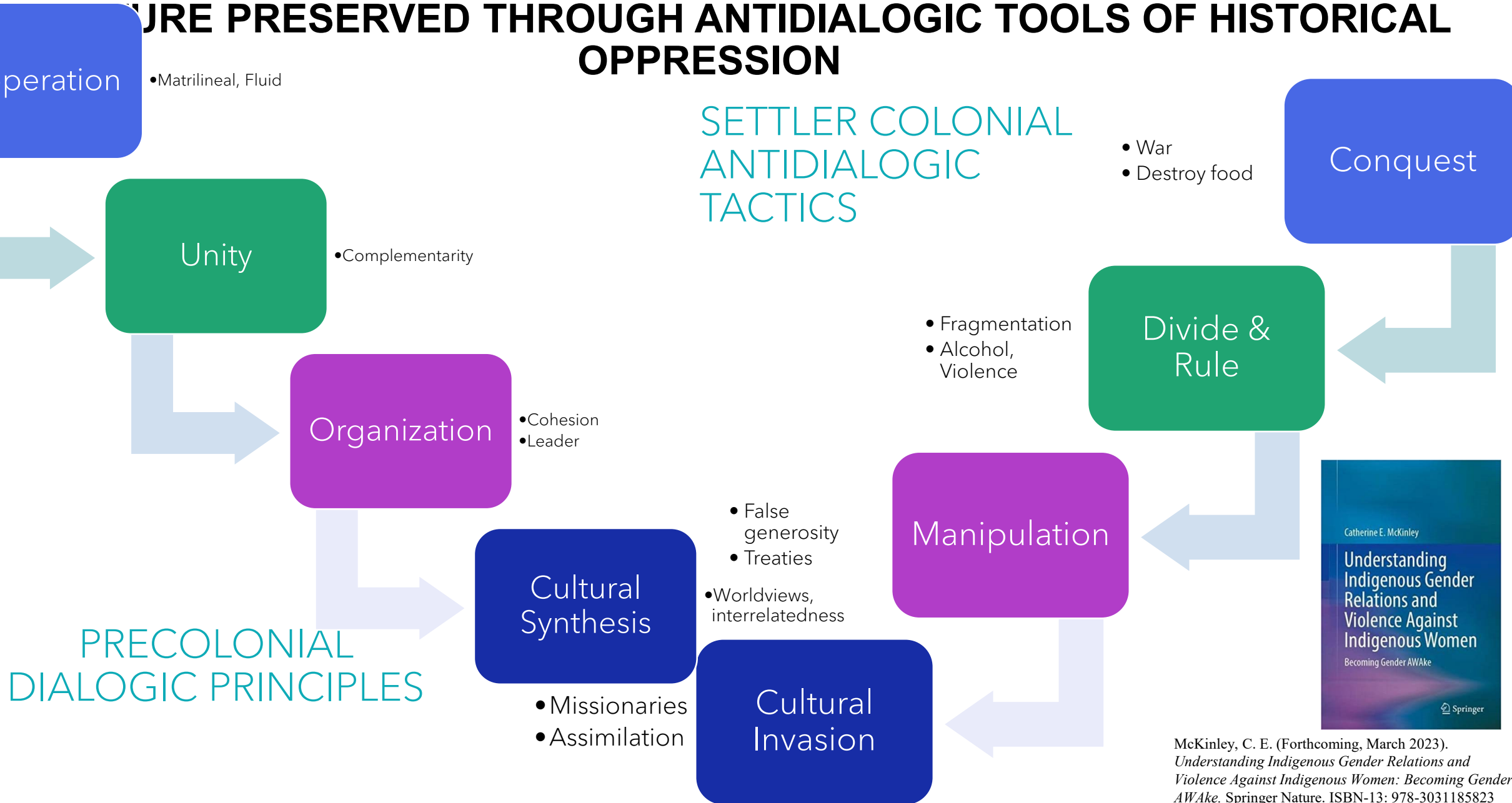
Belfi, E., & Sandiford, N. (2021). Decolonization series part 2: Contemporary approaches. In S. Brandauer and E. Hartman (Eds.). *Interdependence: Global Solidarity and Local Actions*. <http://globalsolidaritylocalaction.sites.haverford.edu/how-can-we-practice-decolonization/>

Cull, I., Hancock, R. L. A., McKeown, S., Pidgeon, M., & Vedan, A. (2018). *Pulling together: A guide for front-line staff, student services, and advisors*. BC Campus. <https://opentextbc.ca/indigenizationfrontlineworkers/>

Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing native women's health: an "indigenist" stress-coping model. *American journal of public health*, 92(4), 520-524. <https://doi.org/10.2105/ajph.92.4.520>

STRUCTURE OF SETTLER COLONIZATION IS A STRUCTURE PRESERVED THROUGH ANTIDIALOGIC TOOLS OF HISTORICAL OPPRESSION

SETTLER COLONIAL ANTIDIALOGIC TACTICS



McKinley, C. E. (Forthcoming, March 2023). *Understanding Indigenous Gender Relations and Violence Against Indigenous Women: Becoming Gender AWake*. Springer Nature. ISBN-13: 978-3031185823

INDIGENIST RESILIENCE

- Indigenist resilience encompasses ecological, systemic, interrelated factors across cultural, familial, personal, and sociostructural levels (Kirmayer et al., 2011; Kirmayer et al., 2009; Ungar & Liebenberg, 2011).
- Well-documented protective factors for physical, mental, behavioral, and social risks tend to be relational and span across the life course and include engagement with culture, spirituality, family, subsistence, and traditional foodway culture (Fast & Collin-Vézina, 2019; Gone & Kirmayer, 2020; Hatala et al., 2020; McKinley, Ka'apu, et al., 2020; McKinley, Lesesne, et al., 2020; Ka'apu & Burnette, 2019; Kirmayer et al., 2011; McKinley, Spencer, et al., 2020; Wexler, 2014; Wexler & Gone, 2012).
- Family tends to be the primary conduit for intergenerational cultural knowledge, including foodways (McKinley, Temple, et al., 2020).



Preliminary Research: Ecological Risk/Protective Factors, Cancer Survivors

1. Roh, S., McKinley, C. E., Liddell, J., Lee, Y., Lee, H. L. (2020). American Indian women cancer survivor's experiences of community support in a context of historical oppression. *Journal of Community Practice*, 28(3), 265-279. 10.1080/10705422.2020.1798833
2. Burnette, C. E., Roh, S., Liddell, J., & Lee, Y. S. (2021). The resilience of Indigenous women of the US who experience cancer. *Transcending adversity. Journal of Ethnic & Cultural Diversity in Social Work*, 30(3), 198-213. 10.1080/15313204.2019.1628680. PMC8258612
3. McKinley, C. E., Roh, S., Lee, Y. S., & Liddell, J. (2020). Family: The bedrock of support for American Indian women cancer survivors. *Family & Community Health*, 43(3), 246-254. 10.1097/FCH.0000000000000263. PMC8813328
4. McKinley, C. E., Roh, S., Lee, Y. (2020). American Indian women cancer survivors' spiritual and religious coping practices. *Journal of Religion and Health* 59(5), 2430-2441.10.1007/s10943-020-01023-6. PMID: 7508767
5. Lee, Y. S., Roh, S., Jun, J. S., Goins, R. T., & McKinley, C. E. (2021). Cervical cancer screening behaviors among American Indian women: Cervical cancer literacy and health belief model. *Journal of Ethnic & Cultural Diversity in Social Work*, 30(5), 413-429. <https://doi.org/10.1080/15313204.2020.1730285>
6. Lee, Y., Roh, S., LaPlante, K., Lee, K. H., McKinley, C.E. (2020). Andersen's Behavioral Model to identify correlates of breast cancer screening behaviors among Indigenous women. *Journal of Evidence-Based Social Work*, 17(1), 117-135. 10.1080/26408066.2019.1650316. PMID: 7092411
7. Burnette, C. E., Roh, S., Liddell, J. L., & Lee, Y. (2019). American Indian women cancer survivors' coping with depressive symptoms. *Journal of Psychosocial Oncology*, 37(4), 494-508. 10.1080/07347332.2018.1525467. PubMed PMID: 6529281
8. Roh, S., Burnette, C.E., Lee, Y.S., Giger, J.T., Goins, R.T., Peterreit, D.G., Lawler, M.J. & Lee, K.H. (2019). Identifying risk and protective factors related to depressive symptoms among Northern Plains American Indian women cancer survivors. *Women and Health*, 59(6), 646-659. 10.1080/03630242.2018.1544965. PubMed PMID: 6591106
9. Burnette, C. E., Roh, S., Liddell, J., & Lee, Y. (2019). American Indian women cancer survivor's needs and preferences: Community support for cancer experiences. *Journal of Cancer Education*, 34, 592-599. [10.1007/s13187-018-1346-4](https://doi.org/10.1007/s13187-018-1346-4). PubMed PMID: 6139076
10. Lee, Y., Burnette, C. E., Liddell, J., & Roh, S. (2018). Understanding the social and community support networks of American Indian women cancer survivors. *Journal of Evidence-Based Social Work*, 15(5), 481-493. 10.1080/23761407.2018.1455162. PubMed PMID: 6139076
11. Roh, S., Burnette, C. E., & Lee, Y. (2018). Prayer and faith: Spiritual coping among American Indian women cancer survivors. *Health & Social Work*, 43(3), 185-192. hly015. [10.1093/hsw/hly015](https://doi.org/10.1093/hsw/hly015)
12. Liddell, J. L., Burnette, C. E., Roh, S., & Lee, Y. S. (2018). Healthcare barriers and supports for American Indian women with cancer. *Social Work in Health Care*, 57(8), 656-673. 10.1080/00981389.2018.1474837. PubMed PMID: 6108540
13. Roh, S., Burnette, C. E., Lee, Y., Jun, J. S., Lee, H. Y., & Lee, K. H. (2018). Breast cancer literacy and health beliefs related to breast cancer screening among American Indian women. *Social Work in Health Care*, 57(7), 465-482. 10.1080/00981389.2018.1455789. PubMed PMID: 6108540
14. Roh, S., Burnette, C. E., Lee, K. H., Lee, Y., & Goins, R. T. (2016). Correlates of receipt of colorectal cancer screening among American Indians in the Northern Plains. *Social Work Research*, 40(2), 95-104. 10.1093/swr/sww006

RISK: Systemic/Structural, Community/Cultural

- i. Historical Oppression undermining community support¹
- ii. Unmet needs (Institutional)¹
- iii. Discrimination, internalized oppression, sub-oppression¹
- iv. Underutilized cancer screening (Institutional)⁵
- v. Stigma and confidentiality⁹
- vi. Poor Care: Needs/wishes overlooked, lack of consistent care, inadequate access and infrastructure, poor quality care, misinformation and pressure¹²

Familial/Relational

- i. ACE⁹

Individual

- i. Changes in roles and identity as cancer survivor⁸

PROTECTIVE: Systemic/Structural, Community/Cultural

- i. Community support^{1, 9}
- ii. Cultural and culturally based prevention and practices engagement and traditional healing predictive of higher breast cancer screening^{6, 8, 9, 14}
- iii. Support groups and education^{9, 10, 13, 14}
- iv. Ceremonial and Traditional Practice^{6, 8, 9, 14}

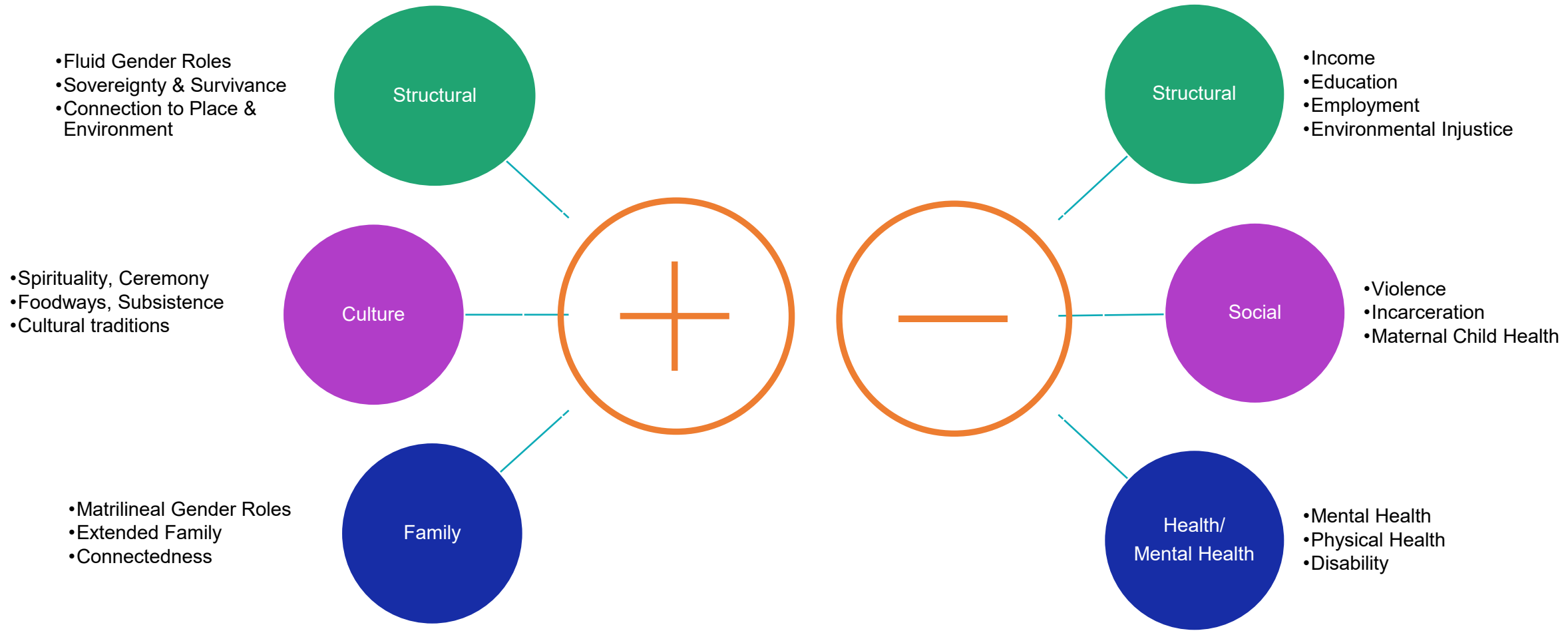
Familial/Relational

- i. Instrumental and emotional intergenerational family and kinship support from grandparents/children, aunts, siblings, partners, and children³
- ii. Family and social support^{7, 8, 9, 10}
- iii. Health practitioners^{10, 12}

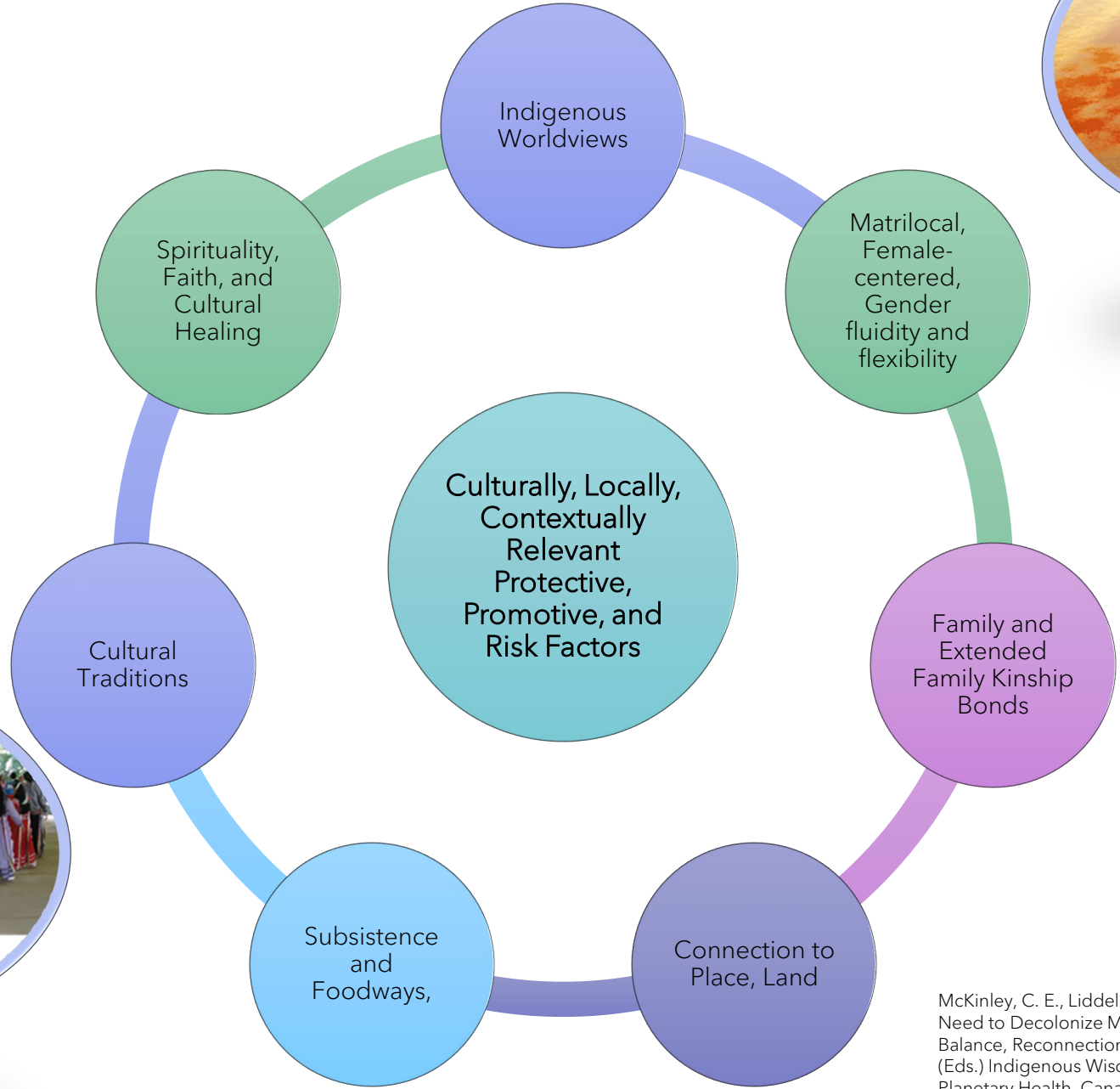
Individual

- i. Resilience and Posttraumatic Growth: stronger faith, relationships, gratitude, helping others, becoming healthier^{2, 9}
- ii. Integrative Two Eyed spiritual and religious coping⁴
- iii. Spiritual coping^{7, 8, 9, 10, 11}
- iv. Keeping active⁷
- v. Spending time outdoors⁸
- vi. Creative activities⁸
- vii. Optimism⁸
- viii. Finding Meaning⁸
- ix. Cancer awareness and knowledge^{13, 14}

Promotive and Risk Factors Related to Indigenous Health Equity



RESILIENCE, TRANSCENDENCE AND WELLNESS



McKinley, C. E., Liddell, J. L., Dynan, M., Salois, E. M., Rodning, C. B. (In Press). "I Need to Decolonize My Mind:" Food Sovereignty Promoting Female-Centered Balance, Reconnection, and Wellness. In S. Shukla, P. Settee, & N. K. Lincoln (Eds.) Indigenous Wisdom and Innovations for Sustainable Food Systems and Planetary Health. Canadian Scholars' Press Inc.

JOURNEY, PAST, PRESENT AND FUTURE

RESEARCHERS' TOOLKIT



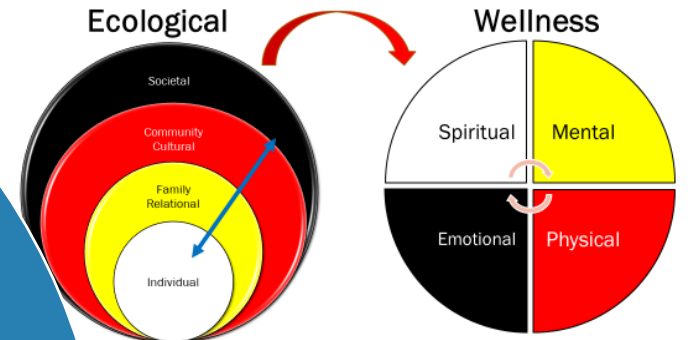
Burnette, C. E., Sanders, S., Butler, H. K., & Reid, J. J. (2018). A toolkit for self-application with Indigenous communities. *Ethics and Social Welfare*, 8(6), 364. <https://doi.org/10.1007/s11462-020-10029-7>
 Burnette, C. E., & Sanders, S. (2016). Trust development in research with Indigenous youth. *Journal of Community Psychology*, 44(2), 119. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/ajcp.12111>

Whether and How to do this Work?

Why Violence so High?

Framework of Historical Oppression, Resilience, and Transcendence (FHORT)

The Integrated and Indigenist Relational FHORT recognizes both historical and contemporary forms of oppression and highlights the resilience and transcendence of tribal members in the face of such experiences (Burnette & Figley, 2017).



Living AWAKE



Who/What is the intervention for?

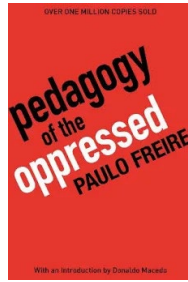
What to do about it and how?



Unlocking *alterNative* centering *Indigenist* worldviews

All live in a World Structured by Settler colonization: "Logic of elimination" (Wolfe, 2006)

- Heteropatriarchy/paternalisms, white supremacy, capitalism, racism, sexism, positivism, and Eurocentric perspective (Belfie & Sandiford, 2021; para, 2021; Yang & Tuck, 2012)
- Centering "Indigenist" Worldviews, ideologies, & knowledge (Walters & Simoni, 2002)
 - Unlock *alterNative*, expansive liberation (McKinley, In Press)
- Liberation from the *the colonial mindset*: (McKinley, In Press)
 - Dismantling ideologies of colonial superiority privileging Western European approaches and thought (including research) (Cull et al., 2018)



Wolfe, P. (2006). Settler Colonialism and the Elimination of the Native. *Journal of genocide research*, 8(4), 387-409.

Tuck, E., & Wayne, K. Yang. 2012. "Decolonization Is Not a Metaphor." *Decolonization: Indigeneity, Education & Society*, 1(1), 1-40.

Belfi, E., & Sandiford, N. (2021). Decolonization series part 2: Contemporary approaches. In S. Brandauer and E. Hartman (Eds.). *Interdependence: Global Solidarity and Local Actions*.

<http://globalsolidaritylocalaction.sites.haverford.edu/how-can-we-practice-decolonization/>

Cull, I., Hancock, R. L. A., McKeown, S., Pidgeon, M., & Vedan, A. (2018). *Pulling together: A guide for front-line staff, student services, and advisors*. BC Campus.

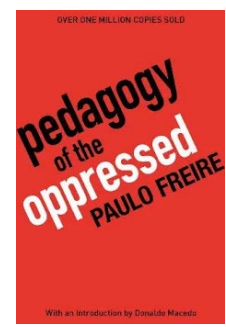
<https://opentextbc.ca/indigenizationfrontlineworkers/>

Walters, K. L., & Simoni, J. M. (2002). Reconceptualizing native women's health: an "indigenist" stress-coping model. *American journal of public health*, 92(4), 520-524.

<https://doi.org/10.2105/ajph.92.4.520>



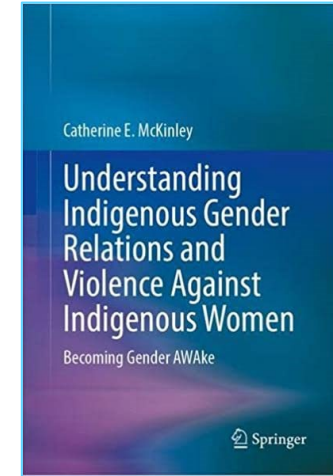
HISTORICAL OPPRESSION: MISSIONARIES, MERCHANTS, MILITARY



Historical oppression: Function past, present, cumulative systemic oppression

(Burnette & Figley, 2017).

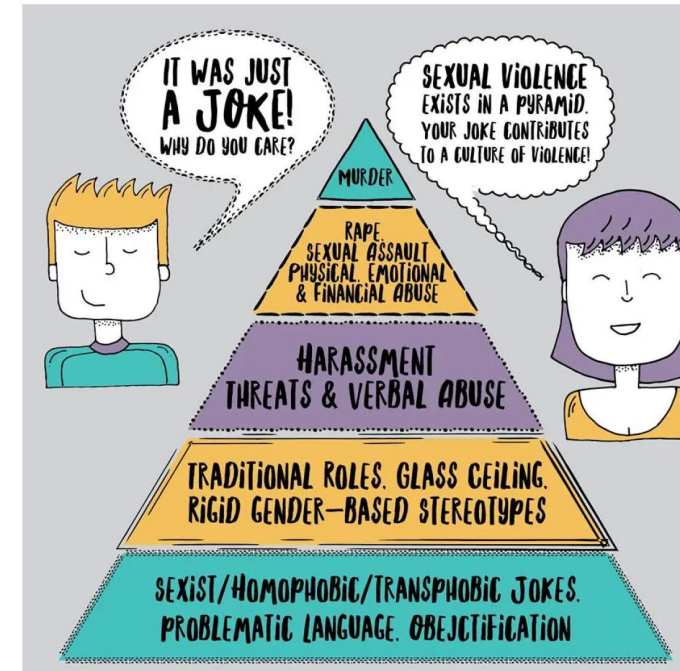
- Intersectional “patriarchal colonialism”—colonial, racism, sexism (Guerrero, 2003).
- Imposed, embodied, normalized, and internalized: Ecological Systems (Burnette, 2015b; Weaver, 2009).



Manifestations: Gender Imbalances, Structural Violence (Freire (1970) limiting human & freedom)

- 83% of Indigenous peoples experience violence (NIJ, 2016)—2-3 times higher
- Stark contrast to the respected and sacred status once enjoyed (Burnette 2015; Weaver, 2009).

Though forms may change, functions remain



Fiola, C. (2020). Naawenangweyaabeg coming in: Intersections of Indigenous sexuality and spirituality. In S. Nickel & A. Fehr (Eds.), *In good relation: History, gender, and kinship in Indigenous feminisms* (pp. 136-153). University of Manitoba Press.

McKinley, C. E., Liddell, J. L., Dynan, M., Salois, E. M., Rodning, C. B. (In Press). "I Need to Decolonize My Mind:" Food Sovereignty Promoting Female-Centered Balance, Reconnection, and Wellness. In S. Shukla, P. Settee, & N. K. Lincoln (Eds.) *Indigenous Wisdom and Innovations for Sustainable Food Systems and Planetary Health*. Canadian Scholars' Press Inc. Robinson, M. (2019). Two-spirit identity in a time of gender fluidity. *Journal of Homosexuality*, (67)12, 1675-1690. <https://doi.org/10.1080/00918369.2019.1613853>

Walters, K. L., Evans-Campbell, T., Simoni, J. M., Ronquillo, T., & Bhuyan, R. (2006). "My Spirit in My Heart" identity experiences and challenges among American Indian two-spirit women. *Journal of Lesbian Studies*, 10(1-2), 125-149. https://doi.org/10.1300/J155v10n01_07

PROCESS OF LIVING AWAKE

- Unsettled Worldviews
- Self-Care
- Resilience
- Two-Eyed Seeing
- Recovery
- Resilience

Calamity Hits

Consciousness Raising

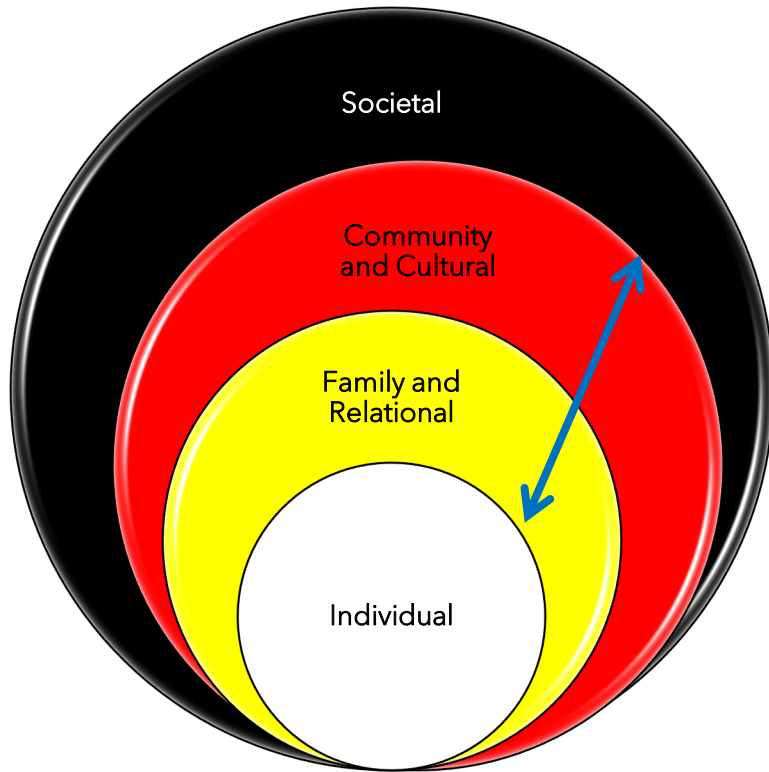
- Investigate origin of dissonance with power, historical context, and positionality
- Decolonizing internalized and colonized mindsets
- Grapple and Grow
- Share and connect

- Praxis
- Wisdom
- Wellness
- Decolonized identity(s)
- Clarity about next steps
- Walk with precision and decision
- Personal and collective liberation

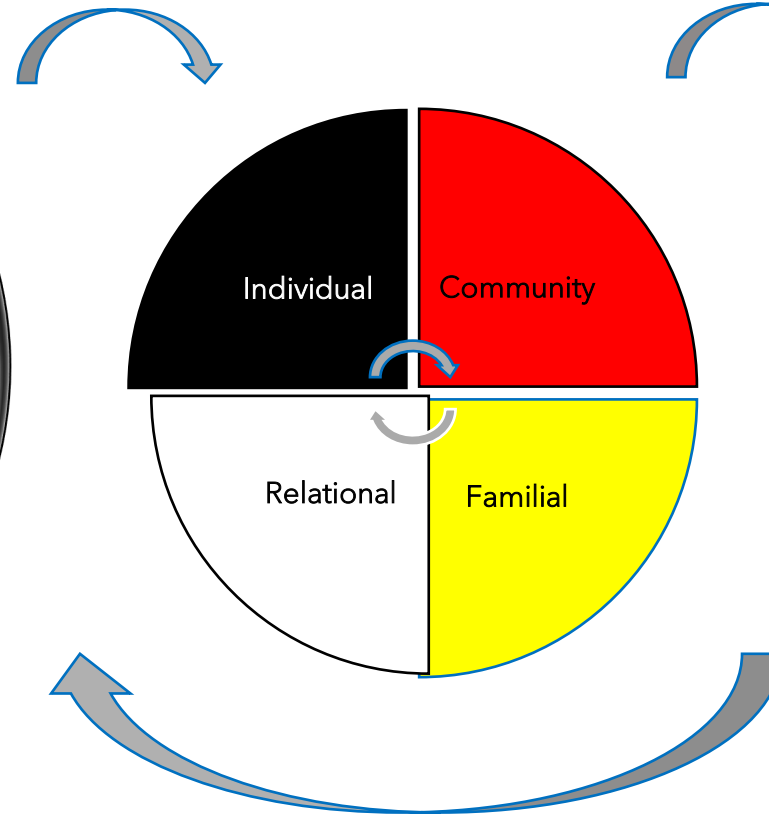
Transcendence

Extended FHORT

Ecosystemic Resilience



Wellness

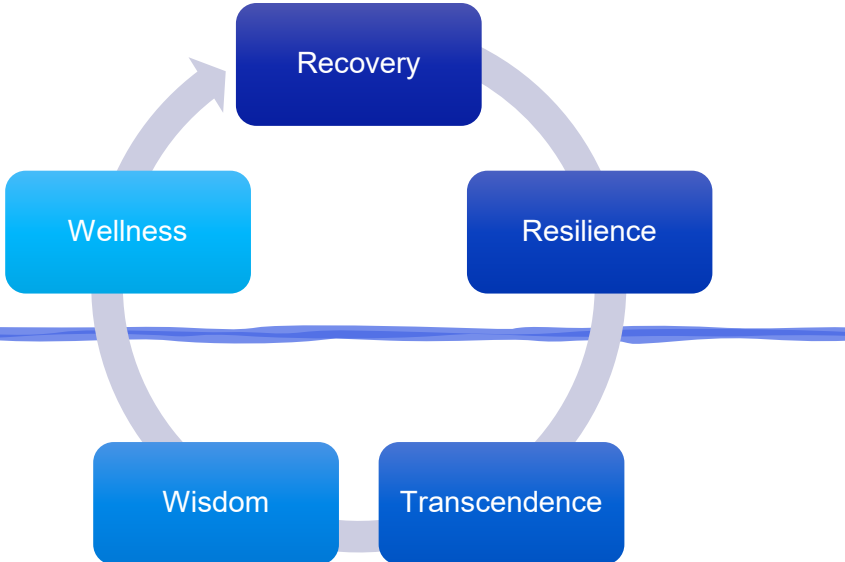
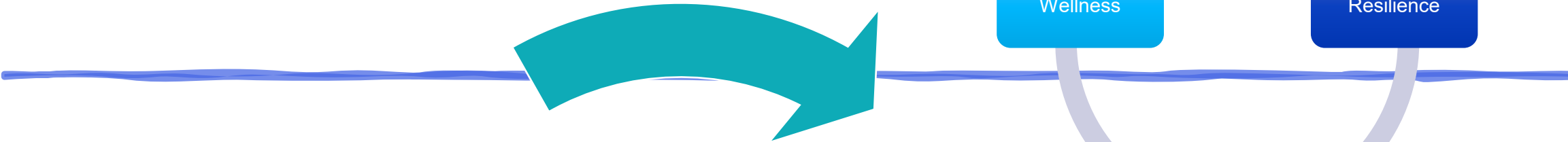


Living AWAKE



Note. Within the FHORT, ecosystemic or ecological risk and protective factors interact holistically and relationally across societal, cultural and community, family and relational, and individual levels to predict key outcomes of wellness and resilience. Wellness is a buffer that enables transcendence for personal and collective wisdom that informs systemic, structural, and ecological risk and protective factors, giving rise to collective liberation from the colonial mindset.

FROM RESILIENCE TO TRANSCENDENCE: POSTTRAUMATIC GROWTH AND WISDOM



Wisdom

- Seeking truth and meaning
- Holistic and multidimensional : intellectual humility, recognition of uncertainty and change, enabling application of knowledge to life challenges” (p. 233).
- Intuitive, experienced, observant, intelligent, peaceful, knowledgeable, gentle, empathetic, sense of humor, insightful, reflective, and pragmatic (Sternberg & Karami, 2021).
- 5 dimensions of wisdom including (Webster and Deng, 2015)
 - navigating adversity
 - ambiguity, distress, and emotional regulation
 - reflective
 - openness to new experiences, perspectives, beliefs
 - humor, irony, and levity to move through challenges.
- Transcending the self-focus was thought necessary to integrate and express wisdom (Grossmann, 2017).

Posttraumatic growth (PTG)

- positive changes for, highly stressful experiences
 - Clarification of values and priorities, and growth
 - Characterized by (Tedeschi & Calhoun 2004):
 - rearrangements in schemas
 - coping, self-care, and emotional regulation
 - struggle matters: making sense dissonance
 - making meaning of adversity
 - reconceptualizing a new schema and worldview

Grossmann, I. (2017). Wisdom in context. *Perspectives on Psychological Science*, 12(2), 233–257. <https://doi.org/10.1177/1745691616672066>
 Sternberg, R. J., & Karami, S. (2021). What is wisdom? A unified 6P framework. *Review of General Psychology*, 25(2), 134-151. <https://doi.org/10.1177/1089268020985509>
 Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry*, 15(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01
 Webster, J. D., & Deng, X. C. (2015). Paths from trauma to intrapersonal strength: Worldview, posttraumatic growth, and wisdom. *Journal of Loss and Trauma*, 20(3), 253–266. <https://doi.org/10.1080/15325024.2014.932207>



CHUKKA AUCHAFFI' NATANA [IN CHOCTAW] WEAVING HEALTHY FAMILIES [WHF] PROGRAM

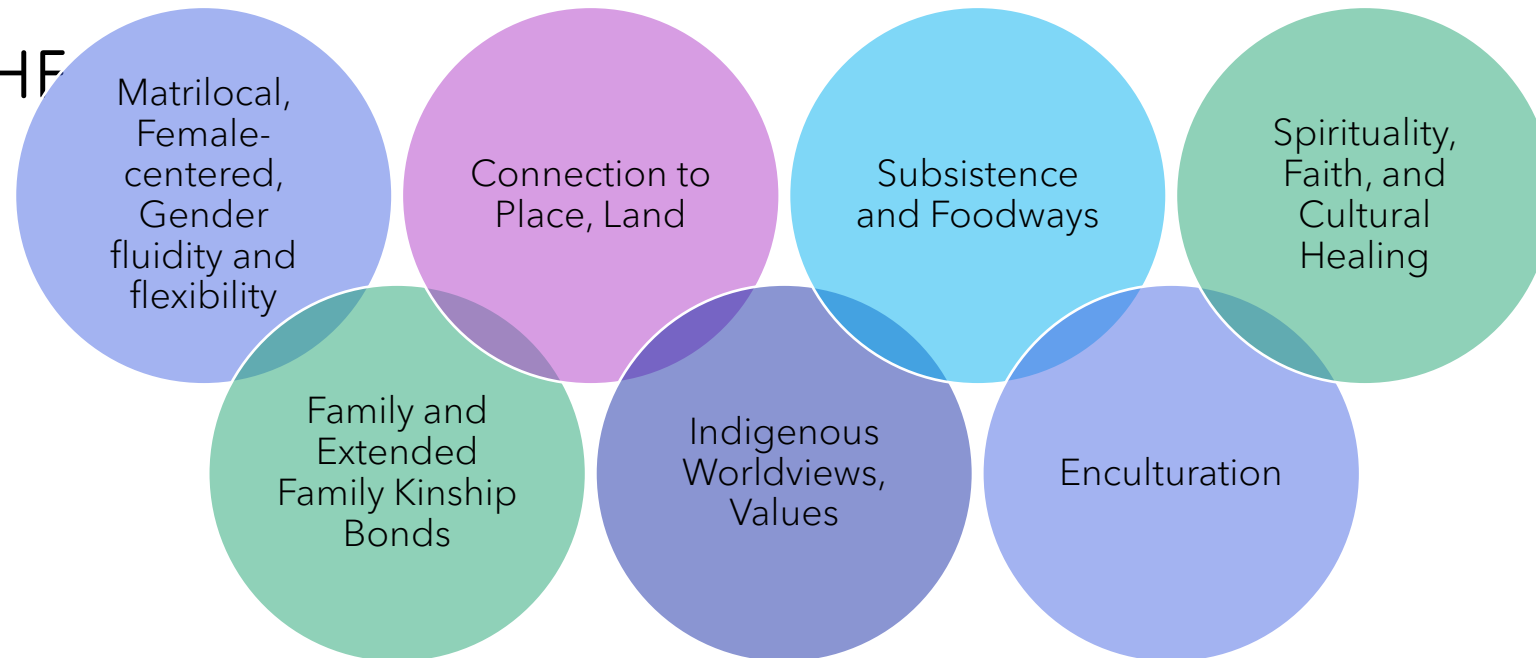


Aim 1: Whether WHF Promotes Wellness, Prevents Substance Misuse, Violence

Aim 2: Evaluate the sustainability and feasibility WHF implementation (barriers and facilitators)

- Supplement: extend this to address the secondary health effects of COVID-19 promoting access, sustainability, and engagement with a digitally assisted intervention.

CULTURALLY, CONTEXTUALLY RELEVANT
PROTECTIVE, PROMOTIVE, & RISK FACTORS



IMPLEMENTATION

SCIENCE:

FACILITATORS &

BARRIORS TO

ADOPTION &

INTEGRATION

EVIDENCE-BASED

HEALTH

INTERVENTIONS (P. 463, BLUE BIRD

JERNIGAN, D'AMICA, KAHOLOKULA, 2020; NIH, 2016)



Aligns with
NIH's call to
"Move away
from "top-
down"
approach"
(PAR-19-275: Dissemination
and Implementation
Research in Health):

Integrate evidence-based and traditional knowledge and practices (Blue Bird Jernigan et al., 2020)

Sustainability: 40% programs end with funding

Localized, community engaged/action research

Adaptation of evidence-based practices

Culture, context, adoption, implementation, and sustainability

Engaging stakeholders

"Structured flexibility"

Hybrid Effectiveness Implementation Design

Adaptive Designs: Stepped Wedge Trial Design (SWTD)

CULTURALLY GROUNDED AND ETHICAL RESEARCH PRACTICE TO FOSTER TRUST AND RECIPROCALITY



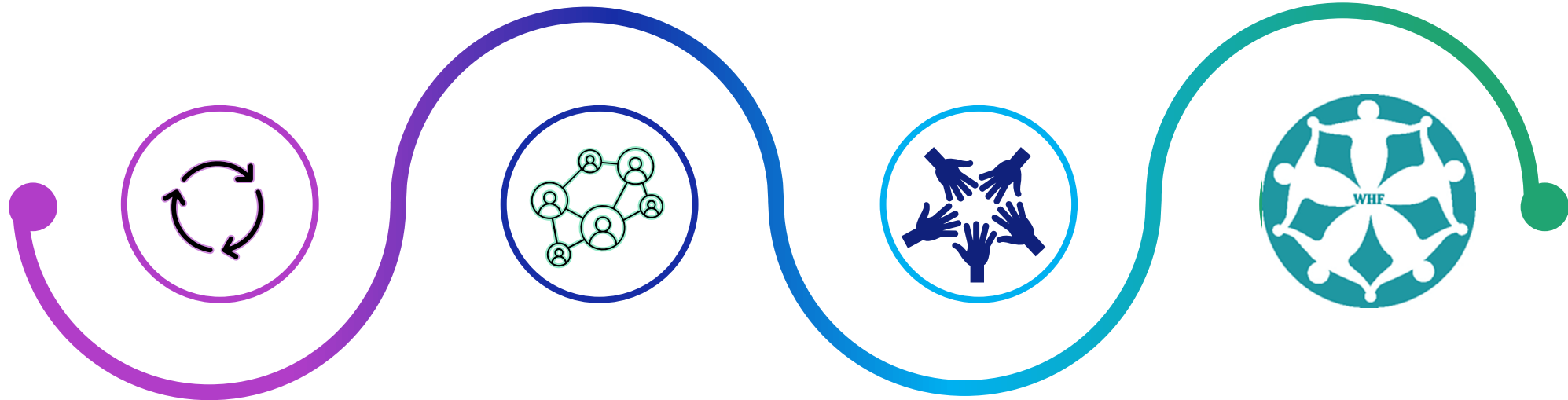
Blue Bird Jernigan, V., D'Amico, E. J., & Kaholokula, K. A. (2020). Prevention research with indigenous communities to expedite dissemination and implementation efforts. *Prevention Science*, 21(1), 74-82.

Burnette, C. E., Sanders, S., Butcher, H. K., & Rand, J. T. (2014). A toolkit for ethical and culturally sensitive research: An application with Indigenous communities. *Ethics and Social Welfare*, 8(4), 364-382. <https://doi.org/10.1080/17496535.2014.885987>

Burnette, C. E., & Sanders, S. (2014). Trust development in research with Indigenous communities in the United States. *The Qualitative Report*, 19(44), 1-19. Retrieved from <http://www.nova.edu/ssss/QR/QR19/burnette44.pdf>



PAST, PRESENT, AND FUTURE: DEVELOPING, IMPLEMENTING, SUSTAINING



Stop 1: Sharing
Our Stories:
Violence
Against Women
(2009-2013)
(N = 52)

Stop 2: Weaving
Healthy Families (WHF)
(2013-2018)
(N = 1058)

Stop 3: WHF
Adaptation and
Pilot(2018-2020)
(N - 64)

Stop 4: Test WHF &
Implementation &
Sustainability (2020-2025)
(N = 619)

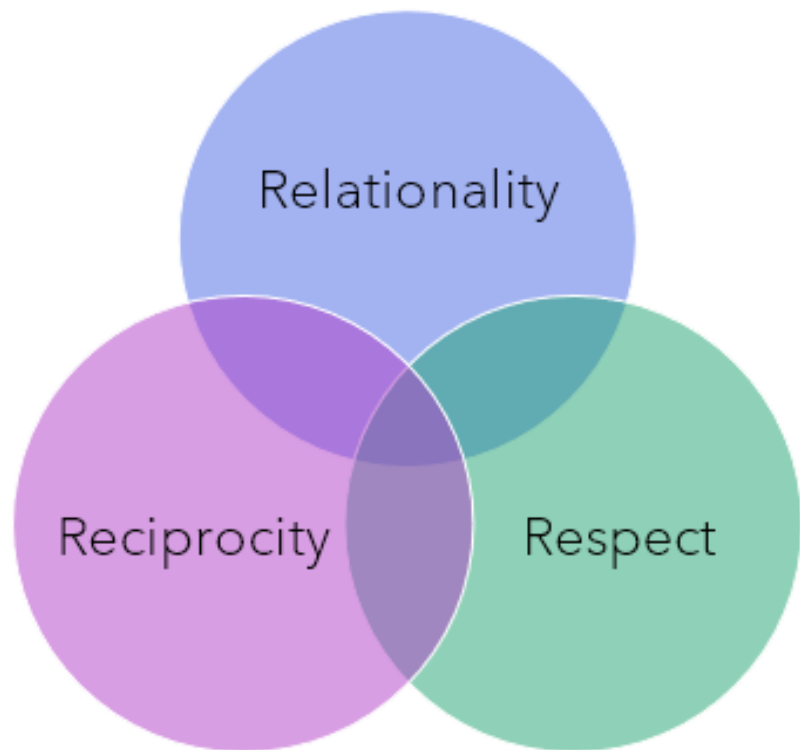




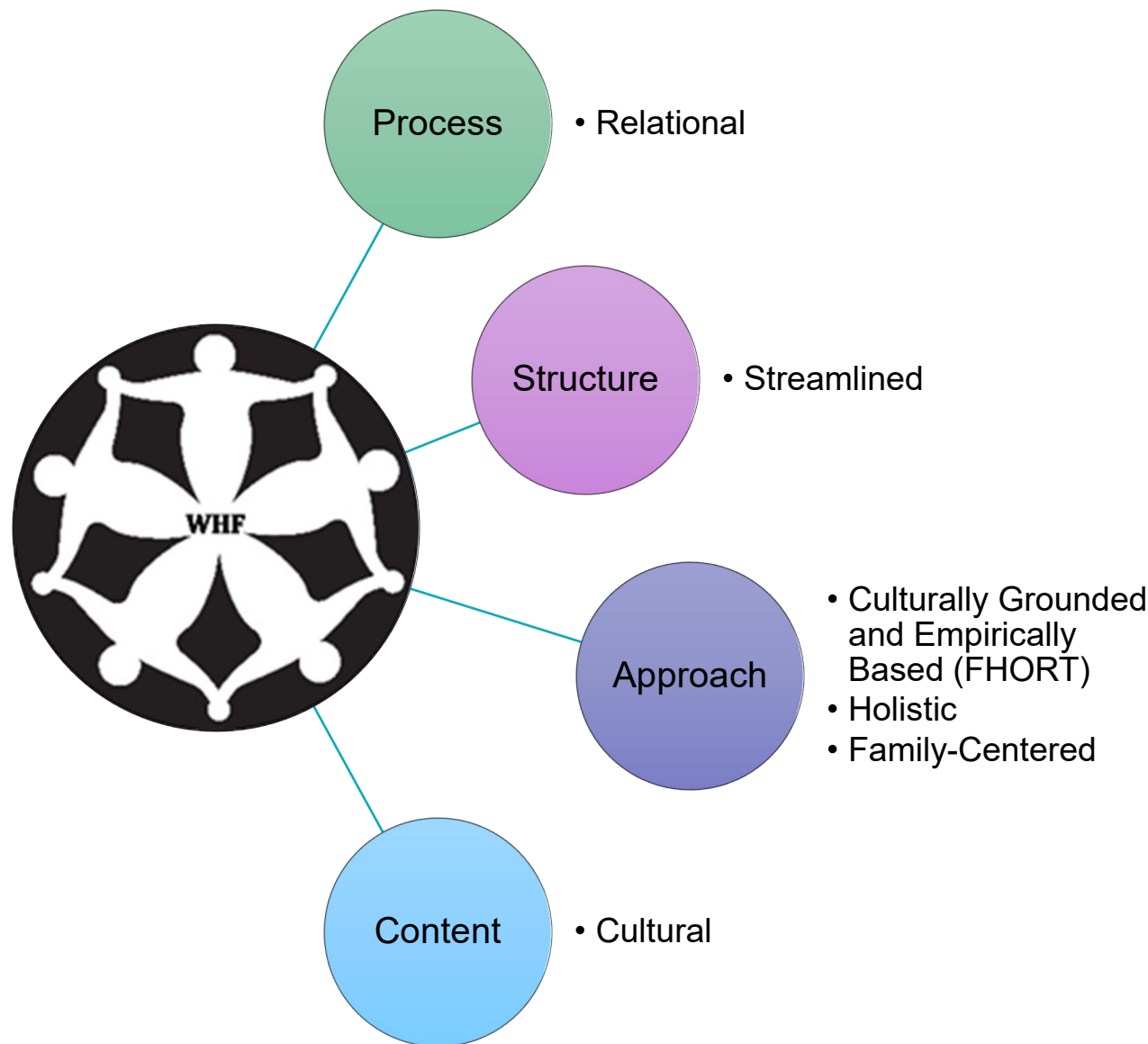
SNAPSHOT: IMPLEMENTATION CONTRIBUTIONS TO THE APPROACH, PROCESS, STRUCTURE, AND CONTENT OF THE WHF PROGRAM

APPROACH:

INDIGENOUS VS. DOMINANT
3 R's Indigenous Research



Dominant: Eurocentric, Positivism, Heterosexism,
Male, Christian, White, Able-bodied
Wilson, S. (2008). *Research is ceremony: Indigenous
research methods*. Winnipeg: Fernwood.



FILLING A GAP



Modified version of



Celebrating Families! Program

10 + Years of Preliminary Research

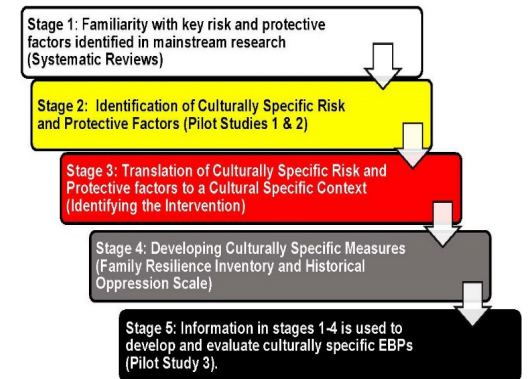
Violence and AOD abuse;

More effective

- Family-focused 2-9 higher (Tutty, 2013);
- Culturally-relevant 4 times higher (Dixon et al., 2007; Griner & Smith, 2006);
- Rare (less than 20%) (UIHI, 2014)

Community-Based Participatory Research (CBPR)

Whitbeck's (2006) Five-Stage process for AOD intervention adaptation



Dixon, A. L., Yabiku, S. T., Okamoto, S. K., Tann, S. S., Marsiglia, F. F., Kulis, S., & Burke, A. M. (2007). The efficacy of a multicultural prevention intervention among urban American Indian youth in the southwest US. *The Journal of Primary Prevention*, 28(6), 547-568. <https://doi.org/10.1007/s10935-007-0114-8>

Griner, D., & Smith, T. B. (2006). Culturally adapted mental health intervention: A meta-analytic review. *Psychotherapy: Theory, Research, Practice, Training*, 43(4), 531-548. <http://hdl.lib.byu.edu/1877/2796>

Tutty, L. (2013). *An evaluation of Strengthening Families: The Calgary Counselling Centre's program for couples dealing with intimate partner violence and substance use*. Yarro Creek Enterprises.

Urban Indian Health Institute. (2014). *Supporting sobriety among American Indians and Alaska Natives: A literature review*. http://www.uihi.org/wp-content/uploads/2014/02/Supporting-Sobriety_A-Literature-Review_WEB.pdf


WEAVING HEALTHY FAMILIES (2013-2018): IDENTIFY RISK/PROTECTIVE FACTORS (N = 1058)

The Weaving Healthy Families (WHF) Program uses the Framework of Historical Oppression, Resilience, and Transcendence (FHORT), developed by Catherine McKinley with tribal members through a decade of research to help strengthen culturally relevant protective factors (those that improve wellness and positive health and well-being) and reduce risk factors (those that lead to problems like alcohol or other drug [AOD] abuse, violence, conflict, and/or physical health, such as cardiovascular disease [CVD]).

Weaving Healthy Families, the FHORT, & Risk and Protective Factors

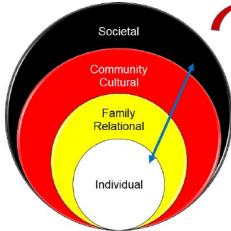
We use a medicine wheel to help us think about achieving balance and harmony across mental, social, physical, and spiritual aspects of ourselves and in our community.

The balance of risk and protective factors across societal levels, cultural and community levels, family and relationships, and individual levels leads to whether we experience wellness across mental, physical, spiritual, and social parts of ourselves.

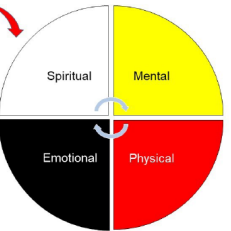


Framework of Historical Oppression, Resilience, and Transcendence (FHORT)

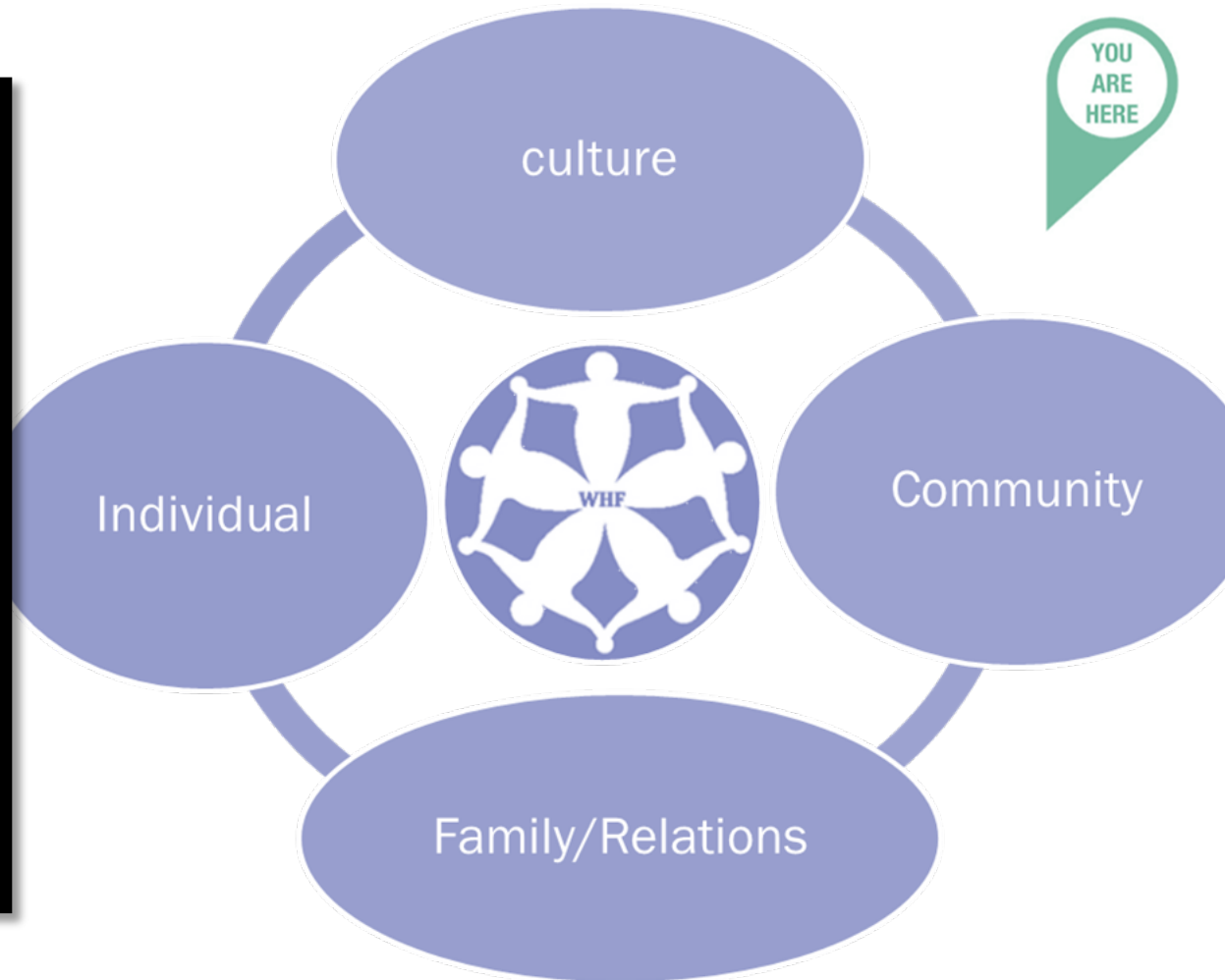
Ecological



Wellness



We talked to over 1,000 tribal members across the nation and several tribes to identify culturally relevant risk and protective factors. We can work on improving and strengthening these protective factors to improve our wellness and quality of life. We can work to reduce risk factors so we don't experience problems like AOD abuse or violence. If we experience some problems, we can find ways to lower their negative impacts on us and our families. This handout shows us some of the things that we can work to strengthen our wellness and quality of life.




Culture: We can work to improve our connection with positive aspects of culture. Studies find that doing cultural things like talking circles, sweat lodges, smudging, beadwork, basket weaving, dancing, drumming, and other practices can help improve wellness and reduce AOD abuse or conflict. We can also garden, fish, hunt, and be in nature with family to improve our health and wellness.

Cultural/Community, Family/Relational, and Individual Protective Factors

Community: We can be part of community groups and celebrations, including sports activities, to increase our connection to community. We can watch out for each other and take care of each other. Everyone goes through hard times. Taking care of each other helps us know we are not alone. Having AOD and violence free community events helps people feel safe and enjoy each others company in healthy ways. Involvement in healthy activities not only makes people feel good, it keeps people from harm.

Family/relations: Our family, including our elders, aunts, uncles, cousins, and adopted family members can teach us about our cultural and family values. It is important to model not using with AOD and violence free family events. We can help families remember that violence against women, children, and each other is not traditional. Tight-knit families and communities form the web of support that people can rely upon. Expressing love and affection regularly through words and actions is important, as well as checking in with each other. Being involved in each others lives, having safe boundaries and clear expectations, sharing responsibilities, and communicating honestly and respectfully are some things that healthy and resilient families do.

Individual: Having goals and seeking education can help people as well as faith, humor, pride and ethnic identity, and persistence. Living healthy with a good diet and exercise is so important. Positive coping, such as staying calm under pressure, and reaching out to others for help can help people do well even during hard times. Being engaged in healthy cultural activities is one way to positively cope. Using substances, having too many stressors, as well as or turning to violence to cope are things that get in the way of healthy living.



PROGRAM STRUCTURE & COMPONENTS

Family Meal
(40 minutes)

Insights for
Living (75
minutes) with
Talking Circle

Connecting
With My
Family (35
minutes)

Wellness,
FHORT, Tribal
Foodways

Communication

Feelings

ATOD

ATOD and
Family

Goal Setting

Problem
Solving

Healthy
Relationships

Resilience and
Transcendence

CULTURAL ELEMENTS

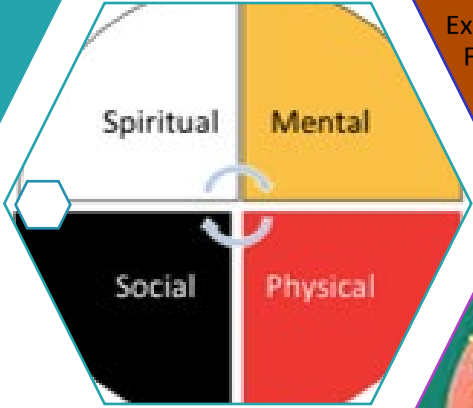
Family Focused

Talking Circle

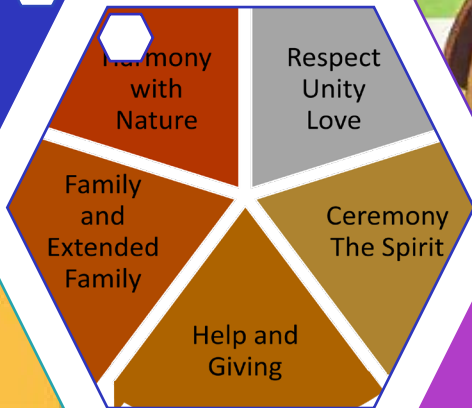


Medicine Wheel

Tribal Values, Matrilineal



Tribal Teachings



Tribal Foods



INTEGRATED TRIBAL VALUES, TALKING CIRCLE



Weaving Healthy Families (WHF) Session 7		Native Values
NATIVE VALUES		
Generosity and sharing, there is honor in giving	Cooperate, helping each other	Respect for all people and things, especially elders, women, and children
Unity, love, and connection	Use words wisely, say what is necessary	Enjoy the present and prepare for future seasons
Allow time for thought and reflection	Respect for our elders' wisdom	Honor for ceremonials and traditions
Live off the land, be in tune with the seasons	Grow, gather, hunt, and share food with each other	Family and extended family
See the connections of all aspects of life: the natural earth, mind, body, spirit, family connections	Live in harmony with nature	Spirituality
Teach by example, not using spanking	Success is measured by the kind of person you are, and how you relate to others	Respect in relationships
Gentleness	Take only what is needed	Humility, and living in harmony with self and others

INTEGRATED HEALING FOREST MODEL, MEDICINE WHEEL

Weaving Healthy Families (WHF) Session 1 Healing Forest Model

Originally developed by White Bison, an American Indian/Alaska Native non-profit charitable organization as part of the Wellbriety movement (Coyhis & White, 2002), the Healing Forest Model can help us understand how families and communities can become unhealthy. Colonization and historical oppression have harmed the root system of some Native American Peoples, resulting in families and communities to become unhealthy through anger, guilt, shame and fear. Over time, these negative emotions lead to alcoholism, substance abuse, violence and other community issues. Like trees, families and communities can get sick, and this sickness can affect and spread to others through unhealthy values, practices, people, and behaviors. The Healing Forest Model teaches that this unhealthy root system must be addressed to address alcoholism, substance abuse, or violence and other issues. These interrelated issues must all be addressed together because the roots are interconnected in a fear-based thought and value system. According to White Bison (Coyhis & White, 2002), to get rid of these unhealthy root systems are to replace them with spiritual and cultural teachings and principles. The Healing Forest Model provides a cultural and spiritual approach to community development. We can create communities and families of healthy trees and healing forests, where we spread wellness, love, and connection. That is what the Weaving Healthy Families Program aims to do by building upon culturally-based strengths.

Coyhis, D. and White, W. (2002) Addiction and recovery in Native America: Lost history, enduring lessons. Counselor, 3(5): 16-20. Posted at www.williamwhitepapers.com

Weaving Healthy Families (WHF) Session 1 Four Parts of the Medicine Wheel

Four parts of the Medicine Wheel

- **Mental (Yellow)** - taking care of your mind and feelings, or your inside self.
- **Physical (Red)** - taking care of your body, or your outside self.
- **Social/Emotional (Black)** - getting along with others, like your family and friends.
- **Spiritual (White)** - learning that you are an important part of the world, that the world is full of beauty, goodness and life, discovering your relationship with a Higher Power (or God) or higher self.



PROGRAM TOPICS, STRUCTURE & COMPONENTS

Wellness, FHORT, Tribal Foodways

Communication

Feelings

Goal Setting

ATOD and Family

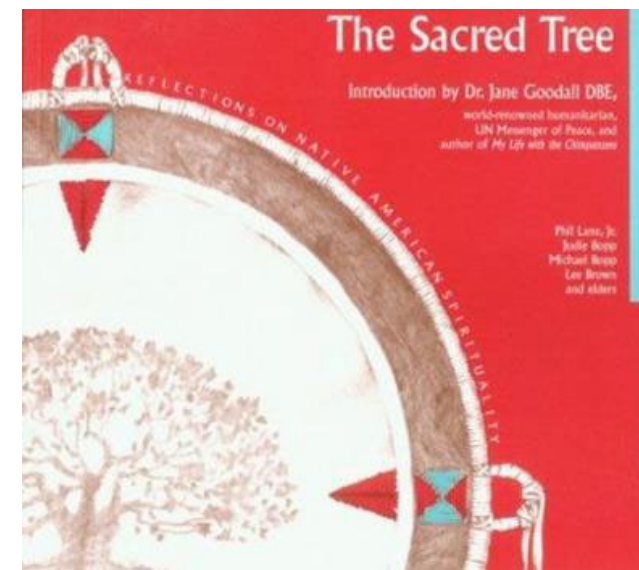
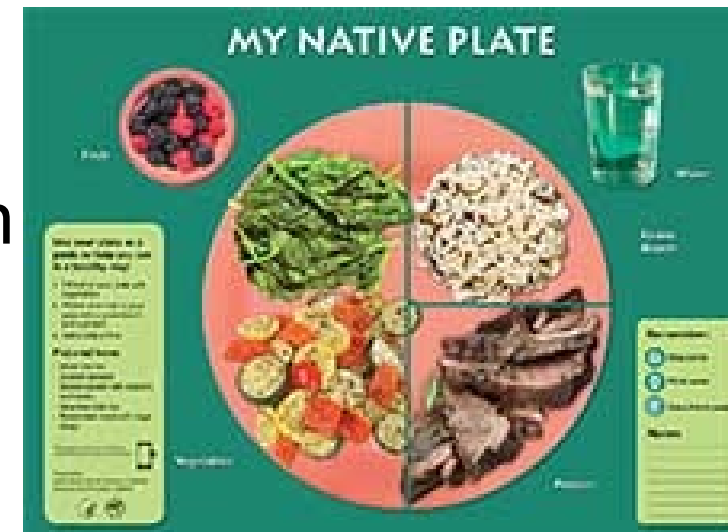
ATOD

Problem Solving

Healthy Relationships

Resilience and Transcendence

- Family Meal (40 minutes)
- Insights for Living (75 minutes) with Talking Circle
- Connecting With My Family (35 minutes)



METHODS AND DESIGN

- Nonrandomized pre-experimental
- Longitudinal design: pre-test, a post-test, and a 6-, 9-, and 12-month post-intervention
- Repeated measures regressions were utilized with generalized estimating equations (GEE)
- Changes before and after the intervention
- 24 adults and adolescents (12-17)
- Eight tribal families.

Demographic characteristics	Total (N = 24); Adult ([A]n = 14),; Youth[Y]n = 10)
	n (%)
Sex	
Male	5, 6
Female	9, 4
Age at pretest (M)	A=34 (19-48), Y=14 (12-17)
Yes	12, 10
No	2
Relationship status	
Married	6 (42.86)
Single	4 (28.57)
Cohabiting	3 (21.43)
Divorced	1 (7.14)
Annual household income	
\$15,000-\$25,000	1
\$25,001-\$50,000	13
Financial difficulty	
Very difficult	2
Somewhat difficult	7
A little difficult	5
Not at all difficult	0
Working full-time	11
Education	
Some high school	3
High school/GED	3
Some college	6
Bachelor's degree	2
Household size at pretest	6 (2-8)
Biological children	4

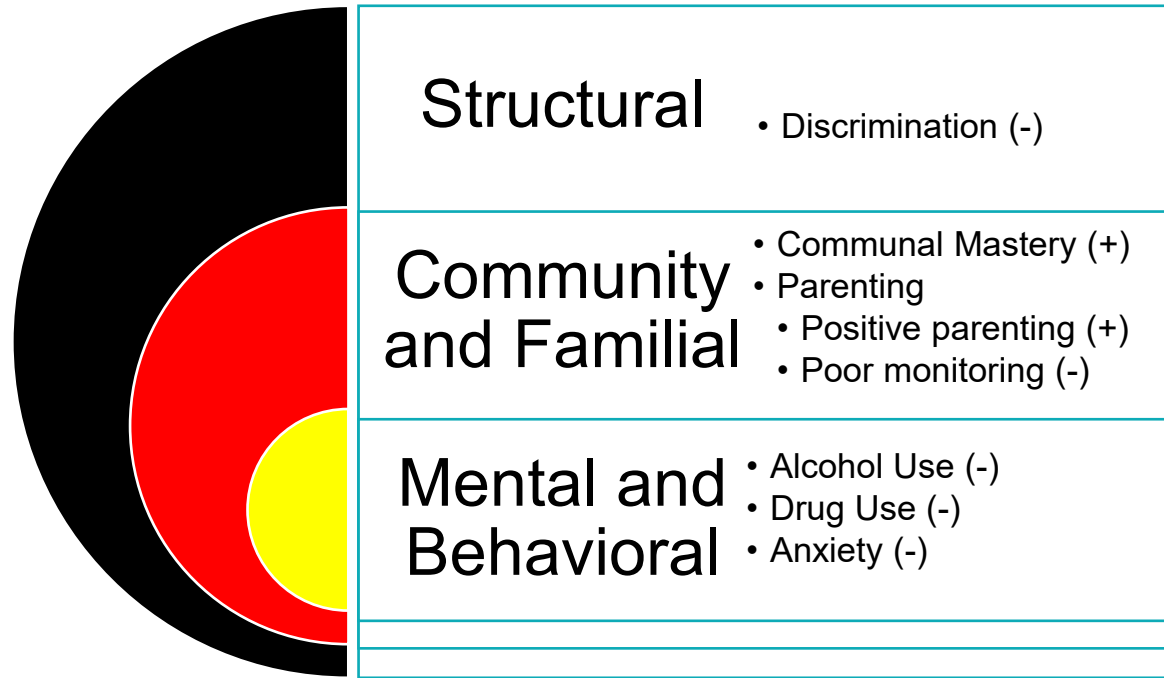
PILOT RESULTS 1: PRE, POST, 6, 9 MO

Ecological Level	Outcome
Community	Communal Mastery
	Social Support
Familial	Resilience
	Family Resilience
	Family Environment
Relational	Intimate Partner Violence
Individual	Emotional Regulation
	Depressive Symptoms
	Health Related Quality of Life
	Self-Rated Health Practices
	Sugar Beverage Consumption

PILOT RESULTS 2: PRE, POST, 6, 9, 12 MO

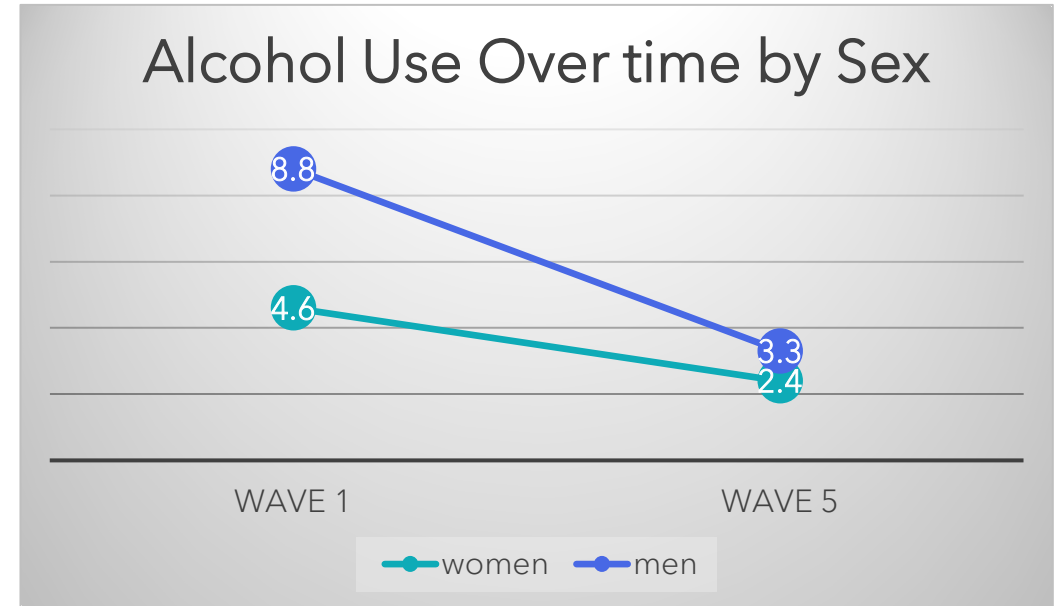
Ecological Level of FHORT	Outcome
Behavioral	Substance use
	Alcohol use
	Drug use
Mental	Anxiety
Familial	Parenting
	Positive Parenting
	Poor Monitoring
Community	Communal Mastery
Structural	Discrimination

RESULTS STRATIFIED BY HISTORICAL OPPRESSION



- Participants Reporting Higher Historical Oppression at Pretest reported greater improvement from the WHF postintervention”
 - Discrimination, CM, Parenting, AOD Use, Anxiety

ALCOHOL USE STRATIFIED BY SEX



- Participants Reported an almost 3-times reduction in reported alcohol use after the WHF program
 - Greater declines (likely due to greater baseline levels) reported for men than women
- Note. Wave 1 indicates pretest and Wave 5 indicates 12-month postintervention

Changes in Outcomes Over Time, Stratified by Historical Oppression Scores

- Overall, alcohol use declined from pretest
- males 45.4% lower
- female 36.6% lower
- 41.2% lower overall
- High historical oppression (75th percentile)

		High historical oppression		Low historical oppression	
Ecological Level of FHORT	Outcome	Beta (S.E.)	Z (p-value)	Beta (S.E.)	Z (p-value)
Behavioral	Alcohol use	-0.06 (0.20)	-0.30 (0.76)	-3.19 (1.17)	-2.71 (<0.01)
Mental	Anxiety	-0.54 (0.39)	-1.40 (0.16)	-1.02 (0.41)	-2.48 (0.01)
Familial	Poor Monitoring	-0.02 (0.22)	-0.07 (0.96)	-0.16 (0.07)	-2.44 (0.01)
Community	Communal Mastery	2.96 (0.53)	5.54 (<0.01)	2.59 (0.40)	6.40 (<0.01)

BUILDING INFRASTRUCTURE, LOOKING WITHIN



Recruitment

- 122 Families
- <560 participants

Community Investments

Family/CHR stipends
Employment

Leadership Development

- Trained almost 60 (84% women)

Sustainability

Trained Staff and
Community based agencies

Family Retention To date (n,%)

Total:	38, 88%
In Person:	26, 61%
Virtual	12, 27%
Absent,	5, 12%

Community Building

Family Alumni Talking
Circles/Feedback (4)
CHR/CAB
Talking Circles (3)

Innovation/Retention

- Text Messages
- Reminders
- Educational
- Rapport

Decolonizing Dialogues

Family/CHR, Staff,
Students

PROFESSIONAL AND PERSONAL DEVELOPMENT: *REFLECTIONS FROM THE COMMUNITY ADVISORY BOARD (CAB)/COMMUNITY HEALTH REPRESENTATIVES*

- It is based on our culture and our history. Nothing can heal us like our own people who have been through the problems we present. We have a shared history and have a better understanding of what is needed to help the family heal.
- I love that we took the time to base it on our tribal beliefs and how our families operate. It has changed the way I look at addiction and has helped me to find better ways to help those struggling. It has also helped me with my spiritual understanding and brought me peace.
- "Empowering. Being a part of CAB and WHF has meant I have a direct & positive impact between the intervention and outcomes for our community members. ... With CAB and WHF, this is OUR program for OUR community and gives us a chance to see what can happen when we give 100% and are supported."
- "Being a part of the CAB and facilitating WHF Program has meant a great deal to me because I am able to teach others' skills that could improve the overall well-being of their families. ... Even as a facilitator, I learned new techniques that I could use at home. It was a great experience, and something that our tribe needed."