

A Community-based, Culturally Grounded Public Health Approach to Health Promotion and Substance Abuse Prevention in a Tribal Community

Healing of the Canoe: the Community Pulling Together

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Healing of the Canoe: the Community Pulling Together

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Background/Context

- Background
- AIAN comprise < 2% of the US population
- However:
 - > 550 Federally recognized Tribes
 - Approximately 60% live in urban areas
 - Rural communities are geographically dispersed
 - Great deal of “migration”
 - Receive health care, including mental health and substance abuse, from a number of different sources
 - Federal and State policies

Federal Policies

- Pre-contact Tribal independence (pre 1828)
- Removal and Relocation (1828-1887)
- Assimilation and Allotment (1887-1934)
- Reorganization (1934-1945)
- Termination and Urban Relocation (1945-1960)
- Boarding Schools
- Self-determination (post-1960)
- Cultural resurgence

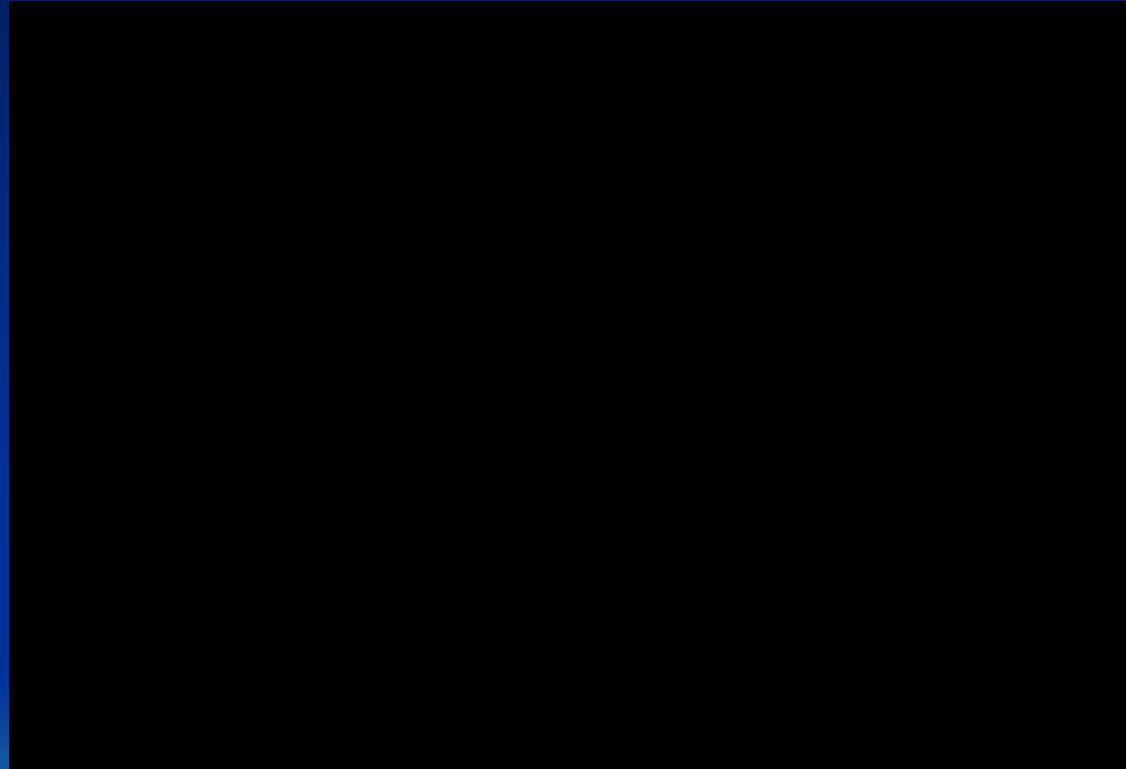
Boarding Schools



Health Disparities in AIAN Communities

- Pervasive and persistent health disparities
 - High rates of mental health and substance abuse issues
 - Lack of access to appropriate care
 - Only 1 AIAN psychologist responded to a recent survey by the APA research office
 - High attrition
 - Poorer health outcomes

Cultural Resurgence



Two Important Approaches

- Community Based Participatory Research
- Research/Tribal Participatory Research
- Tribal Communities as Scientists and Experts



Sovereign Nations

- Tribes are sovereign Nations with a unique legal status and relationship to federal and state agencies
- CBPR/TPR can result in programs that are culturally appropriate, respectful of Tribal knowledge and expertise, build on the culture and strengths of the Tribal communities, and empower the communities to promote good health

AIAN Communities as Experts

- Indigenous scientists for thousands of years
- Possess the knowledge and the tools to keep youth, family, and communities healthy
- In spite of critical health disparities, Tribal communities have developed culturally grounded programs that blend traditional approaches with current “best practices”
- Cultural resurgence resulting in healthier youth, families, and communities

Healing of the Canoe: The Community Pulling Together

- Three year planning and pilot project
- Funded by the National Center on Minority Health and Health Disparities *
- Collaborative project between the Suquamish Tribe and the Alcohol and Drug Abuse Institute
 - Tribal resolution, MOU, sub-contract
- Based on Tribal beliefs and practices
- Uses CBPR/TPR methods

*5R24MD001764-03, Dennis Donovan
PI

The Suquamish Tribe



- A sovereign tribal government.
- Important components of the culture include family, canoes, fishing, song, dance, basketry, weaving & gatherings.
- Located on the Port Madison Indian Reservation in Suquamish, Washington; across from the city of Seattle.

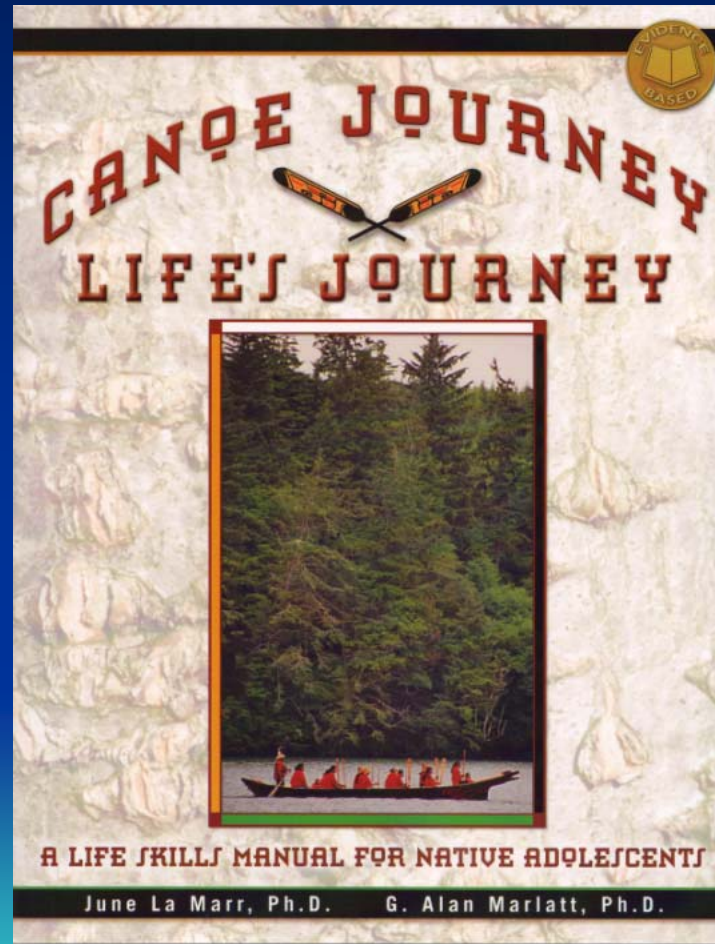
Identifying Issues of Concern

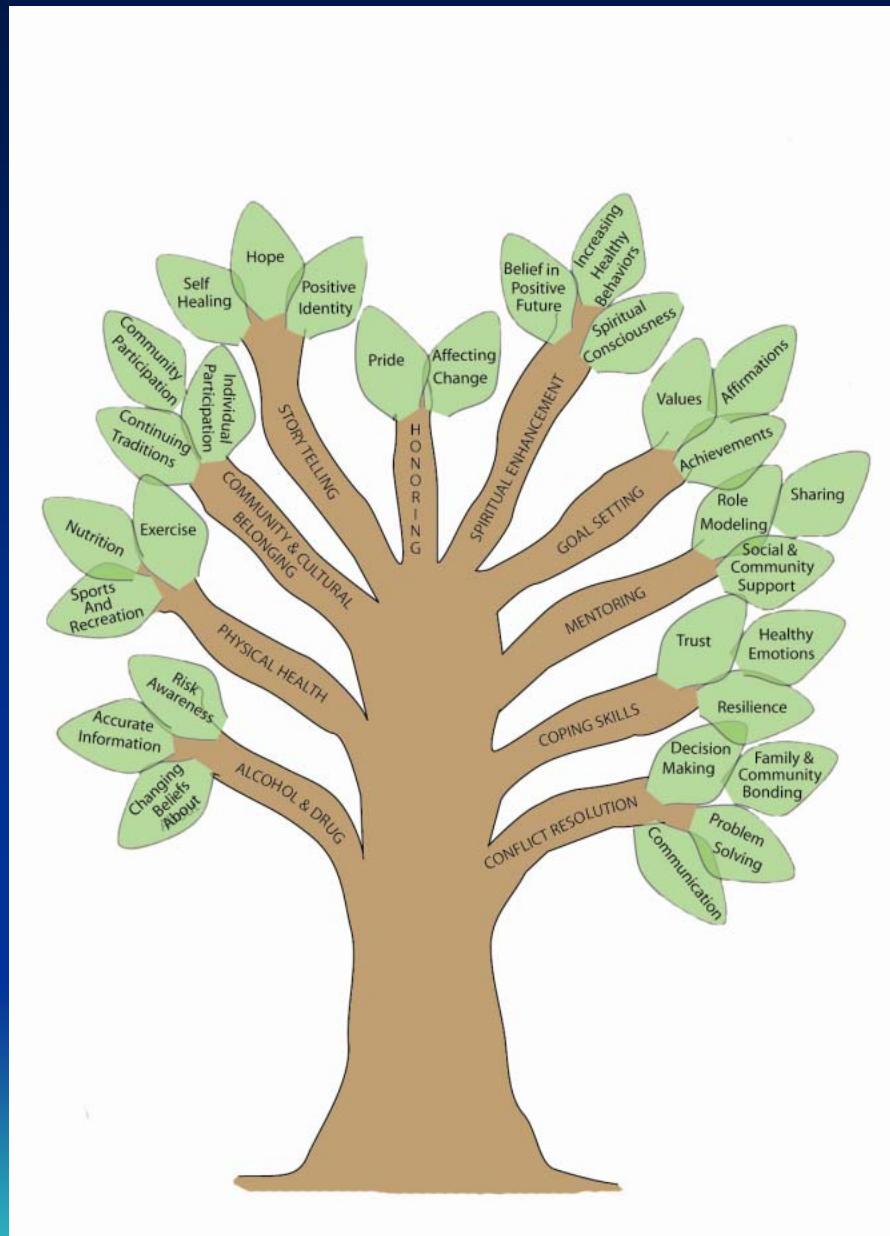
- Community Needs and Resources Assessment
 - Key stakeholder interviews and focus groups
 - Identify and prioritize issues of concern
 - Identify strengths and resources that exist in the community
 - Community meetings and forums
 - Iterative process
 - *Avoid “helicopter” research*

Developing Intervention

- Review literature
- Canoe Journey/Life's Journey manual
- Community wanted the curriculum to include Suquamish values, traditions, teachings, and stories
- Community based curriculum review workgroup – open door process
- Iterative process

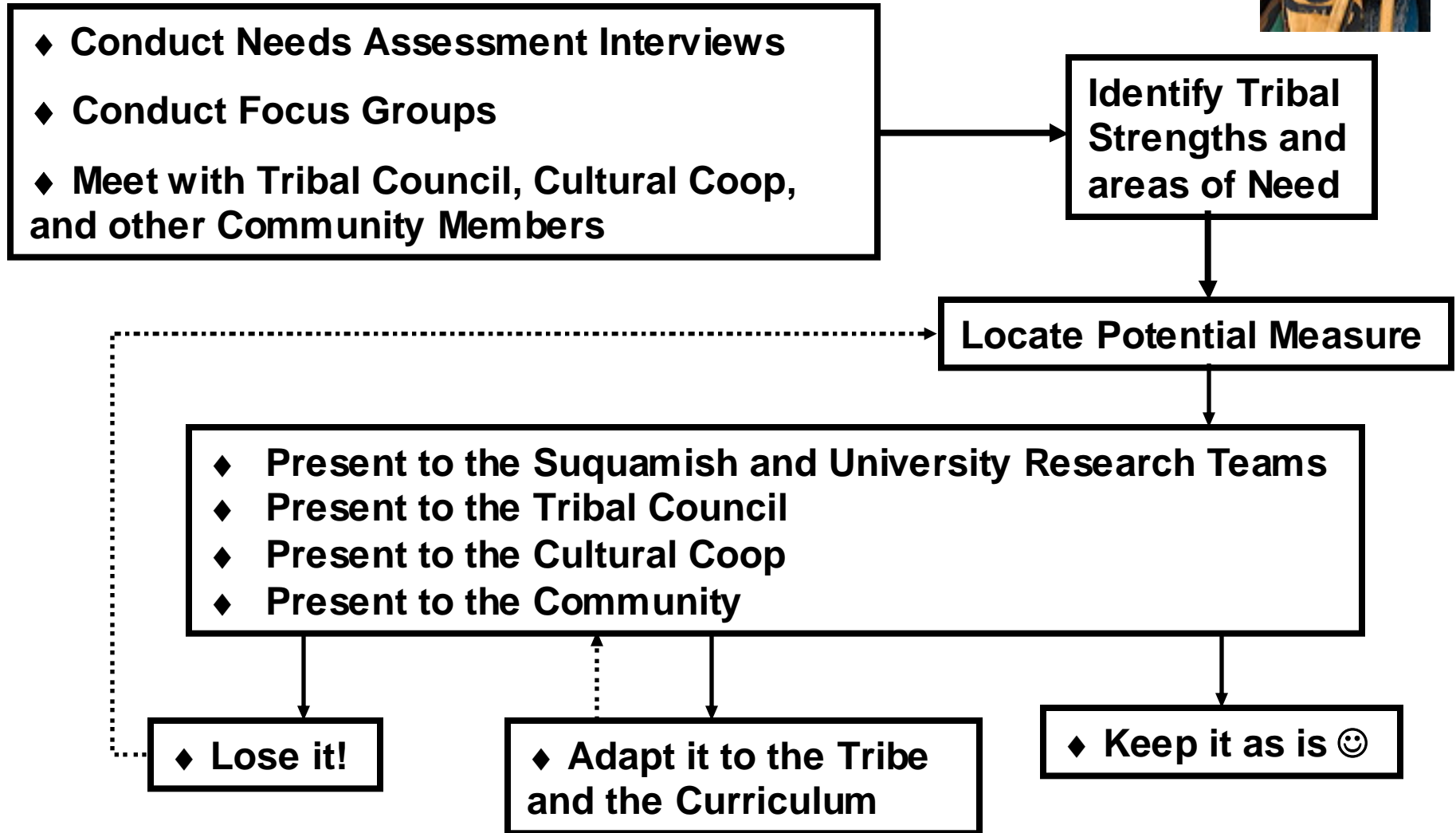
Canoe Journey/Life's Journey Manual for At-Risk Native Youth





Measuring Outcomes

The Process is ITERATIVE



aThis process also occurs at the item level.

Quality of the Partnership

- Tribal groups are rightfully apprehensive of researchers because of history of disrespectful research practices
- CBPR provides opportunity for trust & relationship building between researchers and Tribes
- Trust becomes the foundation for more effective and culturally respectful interventions
- Taking the time to build collaborative relationships helps Tribal communities feel empowered and involved in the reduction of health disparities

Implementation

- Invited by the Suquamish Tribal Summer School program to pilot with middle-school youth
- 3 week program, 9am-12pm M-F
- Two adult facilitators and one youth facilitator
- Youth assessed pre and post-intervention and at 4 month follow-up

Next Steps and Lessons Learned

- Incorporating changes into the curriculum
- HOC workgroup retreat to determine next steps
- Inclusion of Tribal members as speakers to share Tribal knowledge is critical
- Include more qualitative assessments at individual and community level to better understand impact of the intervention
- Use an outside evaluator
- Implement second pilot with revised curriculum and measures

CBPR/TPR Health Policy

- Efforts proceed nation by nation
- AIAN communities possess the knowledge to socialize mentally healthy and alcohol and drug-free members
- Project staff are hired in the community – builds capacity
- Cultural ways and knowledge are viewed as equal to western “science”
- Addresses unique risk and protective factors
- Builds on the strengths and resources in the community

Acknowledgements

- The Suquamish Tribe
- Suquamish Cultural Cooperative
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- Suquamish Elders
- Suquamish Community
- NIH/NCMHD



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