

A UNIQUE PARTNERSHIP FOR HEALTH PROMOTION IN NATIVE COMMUNITIES: SALISH KOOTENAI COLLEGE AND UNIVERSITY OF ARIZONA¹

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Acknowledgement: This work was supported in part by grant number R21 HL083831 and two undergraduate diversity research supplements to that grant from the NIH/NHLBI.

INTRODUCTION

This paper is an introduction to a program of research and community-building among the Confederated Salish and Kootenai Tribes of the Flathead Indian Reservation in western Montana. Ms. Dupuis' life experience blended into her master's thesis, which in turn was the basis for a pilot/feasibility study. Below we describe the authors and their partnership, providing the conceptual basis and some qualitative data as the basis for the growing program of research.

RESEARCHER AS ACTIVIST AND INITIATION OF PARTNERSHIP

Ms. Dupuis, a lifelong resident of the Flathead Indian Reservation and member of the Confederated Salish and Kootenai Tribes (CSKT or S&K), has devoted her entire career to serving the Salish and Kootenai people, providing consulting and training services with these and other tribal groups throughout the country. After earning her Masters in Public Health in 2004 at the University of Washington, she returned to her home community expressly to pursue community-based participatory research (CBPR) for health promotion in partnership with the S&K people. Ms. Dupuis has a lifetime commitment to working to end health disparities for American Indians/American Natives (AI/AN) from a culturally appropriate, community-based, social change perspective. Ms. Dupuis' background and role in her community research is an example of CBPR and of the Experimental Social Innovation and Dissemination (ESID) model, or researcher as advocate for change (Fairweather and Torantzky, 1977).

SEEDS OF THE PARTNERSHIP: MENTORING FOR A CBPR MASTER'S THESIS

At the University of Washington, Ms. Dupuis was mentored throughout her master's thesis research by Cheryl Ritenbaugh, PhD, MPH. Dr. Ritenbaugh had been involved in research with American Indians/American Natives throughout her career, with a primary focus on obesity, nutrition, and diabetes (Ritenbaugh et al., 2003; Teufel and Ritenbaugh, 1998). She became convinced that only research conceived and implemented at the local level, with a non-local researcher serving in a support capacity, would ultimately

support the health of AI/AN. Mentoring and supporting Ms. Dupuis was a logical next step in that process.

Upon completion of her master's degree, Ms. Dupuis returned to her home reservation and established the Community Health and Development Department at Salish Kootenai College (SKC). The Confederated Salish and Kootenai Tribes chartered Salish Kootenai College 30 years ago; it now offers a variety of two- and four-year undergraduate degree programs including nursing, dental assisting, human services, social work, and environmental studies. As Director of the Community Health and Development Department, Ms. Dupuis targets lifestyle changes to promote health and wellness as well as sustainable, culture-based, economic and business development.

Ms. Dupuis' master's thesis provided preliminary data for a research proposal, by the SKC and the University of Arizona, to the National Heart, Lung, and Blood Institute (NHLBI) for the prevention of heart disease (Dupuis, 2004). A focus on heart disease is a natural target for this work, given the role that the heart plays in the natural language of the people (see below), and the risk factors that accompany modern life. The application was submitted under the Community-based Participatory Research initiative. The primary purpose of what has come to be known as the "Traditional Living Challenge" (TLC) was to explore the potential of a strength-based health promotion strategy to be designed and implemented by a multigenerational leadership team representing the Salish and Kootenai community. The research methods of Ricoeur, Gadamar, and Hidigger (Ganellos, 2000) were used in the thesis and planning meetings to develop a shared community consensus around the design of the TLC. Ms. Dupuis and her study participants share a similar cultural model (Gee, 1999), a blend of the Salish (Selish), Kootenai (Ksanka), and Pend d'Oreille (Qlispe) people. In the research partnership, Dr. Ritenbaugh and the University of Arizona provided leadership in the standard research components — scientific aspects of design, including design of data collection and management — while Ms. Dupuis, the Salish Kootenai College, and the Salish and Kootenai community led in the content development and implementation. Dr. Ritenbaugh and the University of Arizona also served in a capacity-building role, creating local and sustainable research infrastructure. The University of Arizona provided consultant expertise in substantive areas to support Salish Kootenai College development. All research protocols were initially approved by the University of Arizona Institutional Review Board as the Confederated Salish and Kootenai Tribes had none. In the first year of

the project, a Human Ethics committee was established at Salish Kootenai College, and all research was subsequently reviewed and approved by the SKC Institutional Review Board. The National Heart, Lung, and Blood Institute generously provided two undergraduate supplements to increase the opportunities for research training in this work at Salish Kootenai College.

BACKGROUND: THEORETICAL CONSTRUCTS AND CONCEPTUAL FRAMEWORK DEVELOPED FOR THE THESIS RESEARCH

This work is situated within the broader context of positive psychology and communal mastery, the process of building on community strengths to find new and greater strengths. Key constructs used to design the Traditional Living Challenge were identified through key informant interviews (detailed in Table 1 and Figure 1) and a review of the literature. Constructs as articulated in the literature include:

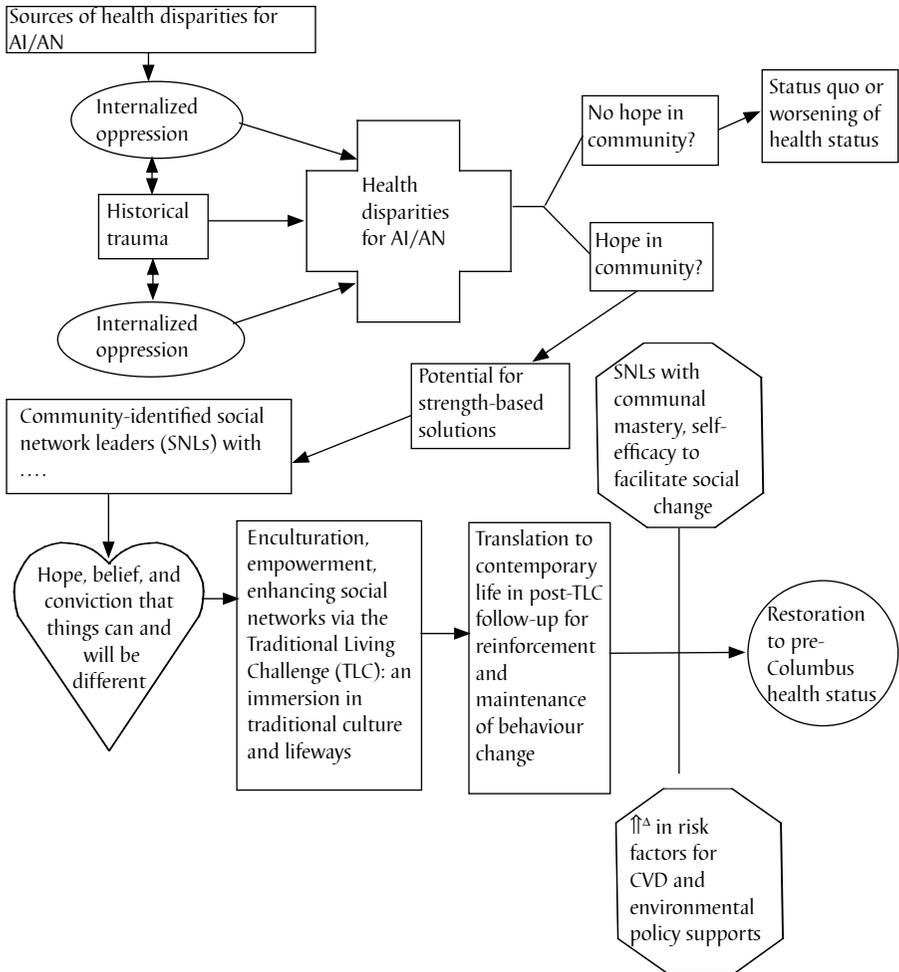
1. social network leaders for organizing the Traditional Living Challenge encampment participants (Heaney and Israel, 2002);
2. social support and communal mastery (for addressing psychosocial risk factors for cardio-vascular disease (Heaney and Israel, 2002; Hobfoll et al., 2002; Mohatt et al., 2004);
3. empowerment theory (Hodge et al., 2002; Wallerstein and Bernstein, 1988; Friere, 1970; Huriwai 2002; Kaye, 2001);
4. hope (Boyd-Ball, 2003; Seligman, 1975, 1991; Magaletta and Oliver, 1999);
5. strength-based strategy (Minkler and Hancock, 2003a, 2003b);
6. social support (Heaney and Israel, 2002);
7. ecological models (Rose, 2001; Stokols, 1996; Green and Kreuter, 1999);
8. enculturation as treatment (Mills, 2003; Walters et al., 2002; Himmelman, 2001; Mohatt et al., 2004; Coe et al., 2004; Markus and Kitayama, 1991); and
9. self-efficacy (Bandura, 1977).

These constructs link to the theory that historical and on-going traumas (Steptoe et al., 2003; Abadian, 1999; Braveheart and DeBruyn, 1998; E. Duran et al., 1998; E. Duran and B. Duran, 1995; Walters et al., 2002; Walker et al., 1999; Whitbeck et al., 2004), combined with internalized oppression

resulting from colonization of Native peoples (Edwards, 2003; Friere, 1970; Whitbeck et al., 2004), and external structural reinforcement (Bezruchka, 2001; Bosma et al., 2005) contribute significantly to the health disparities of American Natives/American Indians, plausibly resulting in hopelessness and depression (Steptoe and Marmot, 2002; Steptoe et al., 2003; Seligman, 1975, 1991) leading to venereal disease (Bosma et al., 2005; O’Keefe et al., 2004; Oser et al., 2005; Owen et al., 2003) and other chronic diseases.

The interrelationships of these factors for Salish and Kootenai, as developed over the course of the thesis, are shown in Figure 1. Thesis results

Figure 1. Constructs for the Design of the Traditional Living Challenge from Key Informant Interviews



and other CBPR studies (Walters et al., 2002; Minkler, 2004; Minkler and Wallerstein, 2002) indicate it is more effective to create health promotion strategies with a strong cultural base. This moves the community towards wellness from the foundation of its strongest human and cultural resources, in contrast to approaches that target a disease state and individual behaviour change. Embedding an intervention within the culture empowers the creation of healthier social norms (Wallerstein and Bernstein, 1988; Wallerstein, 1992, 2002; Friere, 1970; Syme, 2004). Any disease with strong lifestyle risk factors can be influenced by the Traditional Living Challenge intervention design, which mobilizes the social support and communal mastery necessary for creating healthier social norms.

THE SALISH AND KOOTENAI COMMUNITY AS PARTNER

The excerpts in Table 1, below, come primarily from Ms. Dupuis’ master’s thesis. This included individual interviews with more than 30 community members over 2 years, with further refinement during the development of

Table 1. Underlying Factors Relating to Major Health Concerns of the Salish and Kootenai People

<i>Historical</i>	<i>Social/cultural</i>	<i>Internal/individual attitudes, beliefs, knowledge</i>	<i>Behavioural</i>
<ul style="list-style-type: none"> • displacement ... boarding schools • loss of language, culture, spirituality • opening of reservation to homesteading • multigenerational trauma and dysfunction • conversion to Christianity 	<ul style="list-style-type: none"> • lack of prevention efforts • lack of a sense of community • unsupervised kids • acculturation • confusion about right and wrong • (system) focuses attention away from culture and tradition to temporarily defined diagnoses • council focus on profit over social ills • friends don't let you grow; tempt you with drugs • a clash between cultures 	<ul style="list-style-type: none"> • loss of consciousness (as in awareness) • inability to cope • fear of success • fear of closeness • beaten, defeated mindset (internalized oppression) • sense of identity • lack of basic health knowledge • separation of heart and mind • mistrust of providers/ confidentiality 	<ul style="list-style-type: none"> • patterned, learned behaviour • no self-monitoring system (re: alcohol consumption) • eating junk food • physical inactivity • inability to value and appreciate diversity • inability to focus attention on something healthy/good • lapse in spiritual practice • stray from the culture • physical abuse

the current project. The primary focus question of the interviews was “What are the most important health issues facing the S&K people, what do you see as their cause, and how do we go about finding solutions to these issues?” There was complete agreement that substance abuse was the primary health concern. The excerpts in Table 1 include the underlying factors believed by the participants to contribute to major health concerns of the S&K people.

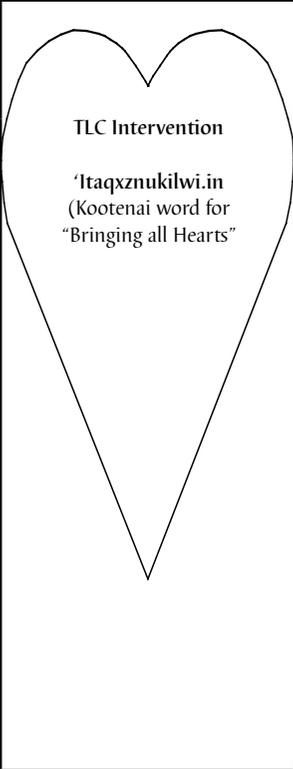
STRENGTHENING THE PARTNERSHIP AND EXPANDING SUPPORT FOR THE CORE STRATEGY

Ms. Dupuis has been “gathering data” for the promotion of health and wellbeing for the Salish and Kootenai people throughout her life. While not a fluent Salish or Kootenai speaker, she listens especially for the words from these two languages that reflect to her the “heart” of the culture. In Salish, one way to ask people how they are is: “*Stem a spu’us?*” which, literally translated, means “What’s in your heart?” It is used to get a sense of how one is at a deeper level, and to indicate that the one inquiring is ready and willing to listen, whether the story is easy or hard to hear. Similarly, in the Kootenai language if one asks, “*Kakin a qalwi?*” one is asking “What is in your heart?” or what is your *heart* wanting, not your mind. These are two examples, found also in other Native languages, of the acknowledgement of the heart truly contributing to the “thought” process and the notion that the heart has wisdom.

Another example illustrates the belief that the heart needs to be engaged in the thought and decision-making process in Native cultures. Several years ago, Ms. Dupuis was facilitating a planning meeting of Kootenai members; the task was to summarize ideas that had been generated by the group. The ideas suggested the need for consensus, or for the views of all to be in line with each other, for a successful planning effort. The group was stumped. They could not summarize it in English. Ms. Dupuis asked the Elders (Native speakers) for a Kootenai word or phrase that to summarize the ideas. Immediately, the eldest in the tribe said “*itqawxanukilwi.in,*” which she said meant “bringing all hearts together.” As soon as they thought more in a “Kootenai” way, the group found their consensus summary statement for those related ideas.

In like manner, after completion of the thesis research, community consultation/planning sessions were held to continue and expand the community consensus-building process. Parallel themes were evident in the results of both the community consultation/planning meetings and the thesis interviews. They are depicted in Figure 2.

Figure 2. Linkages between the Traditional Living Challenge Preliminary Study Design and On-going Discussions with the Salish, Kootenai, and Qlispe Community

<i>Community Planning Sessions</i>		<i>Thesis Research</i>
<p>“In their own voices” What makes for a healthy community? Wisdom of those in attendance</p>	 <p>TLC Intervention</p> <p>Itaqznukilwi.in (Kootenai word for “Bringing all Hearts”)</p>	<p>Traditional Living Challenge Design Constructs identified through preliminary studies</p>
<ul style="list-style-type: none"> • Traditional chiefs instructed by the Elders; chosen for willingness to listen to everyone • All are looking to Elders for guidance • Sharing and helping each other • Respect for others • Honour each other/reciprocity • Community strengths: family, culture, unity, spirituality, mountains, prairies, medicines, and foods • Self-discipline and willpower • Healthy foods, natural and organic • More culture in all aspects of tribal government • Trust in something/someone, and what you believe will help you, keep you safe • Traditional chief system should be restored 		<ul style="list-style-type: none"> • Social network leaders with hope • Strength-based strategy using community-identified leadership team (Social Network Leaders “SNLs” based in the culture) • Enculturation • Accessing and using traditional native plants and foods; healthy diet and lifestyle (immersion encampment and translation to contemporary life) • Social support, enhancing social networks and capital • Communal mastery (a new construct since the thesis) • Empowerment • Leadership team with collective self-efficacy and communal mastery for leading social change from within the culture

The meeting that generated these data was an open-ended discussion with Elders and employees of the Salish and Pend d’Oreille Culture Committee. Interested others who were in attendance included Tribal Council representatives and staff of the Tribal Historic Preservation Office. The focus question for the discussion was: “What makes for a healthy Native community?”

This group confirmed many of the principles that were highlighted by key informants for Ms. Dupuis’ thesis and that have been incorporated into the preliminary design of the Traditional Living Challenge (TLC).

THE TRADITIONAL LIVING CHALLENGE DESIGN

A core strategy for health and wellness promotion emerged during the thesis interview process. Based in traditional culture and life-ways, the strategy is called The Traditional Living Challenge (TLC). Thesis results indicated a shared community perspective of the TLC as a holistic approach, well suited for intervention and prevention of risk factors for cardiovascular disease and other chronic diseases.

The Traditional Living Challenge draws on the desire of Native peoples to honour traditional values and culture; traditional values and culture are then linked within the TLC activities to lifestyle, including food, physical activity, tobacco use patterns, and economic/arts activities. The goal is to re-create social norms and develop population-wide shifts towards a healthier and culturally congruent lifestyle. Through Ms. Dupuis' knowledge of the community social networks, and the expertise gained through thesis interviews, the project engaged the community collaboratively, providing an actual experience of pre-acculturation lifestyle as the first step in creating community change. In contrast, other studies (Pima Pride; Pathways; Narayan et al., 1998; Story et al., 2003) have added Native cultural components, symbols, and history to interventions to create cultural relevance.

The Traditional Living Challenge addresses individual knowledge, attitudes, and behaviours; incorporates social support, communal mastery, empowerment, and key environmental policy issues for sustainability. A key component of the intervention is an immersion encampment. This grounds the participants through a direct experience of traditional life, which registers on biopsychosocial and spiritual levels. It clarifies the translation to modern living, as the community plans for the necessary social, behavioural, environmental, and policy shifts to emulate this lifestyle even a little. At the beginning of the project, the basic dietary guidelines for the camp were: traditional pre-acculturation foods as available, with contemporary foods added for nutritional completeness; no use or consumption of caffeine, sugars, nicotine (other than perhaps a patch), or alcohol during the 10 day immersion. Further participant views on TLC structure, allowable foods and substances, recruitment and selection, logistical support needs, camp activities, and other practical and philosophical perspectives of the community are being incorporated into the design and are outlined in Tables 2 and 3 below.

Table 2. Traditional Living Challenge Participant Selection Criteria, Logistical Support, and Traditional Living Challenge Activities*

<i>Selection criteria/entry eligibility requirements</i>	<i>Logistical support</i>	<i>Traditional Living Challenge Camp activities</i>
<ul style="list-style-type: none"> • <i>those on a wellness path or motivated to make lifestyle changes</i> • <i>no alcohol in system, no illegal drugs, nicotine ok</i> • <i>leadership team nominated by community members or self-identified/of interviewees currently committed to serve</i> • <i>recruited/nominated by leadership team</i> • <i>self-organizing teams; those with leadership and participants committed first, go through intervention first</i> 	<ul style="list-style-type: none"> • <i>full council support for tribal employee participation</i> • <i>financial contributions from tribal and community programs</i> • <i>in-kind contributions from local agencies</i> • <i>self-funded participation on the parts of those who have the resources</i> • <i>full council support for the effort to ensure success</i> 	<ul style="list-style-type: none"> • <i>traditional foods gathering/preparation</i> • <i>lodge construction/set-up, tipi pole gathering</i> • <i>hunting, fishing, wood gathering</i> • <i>hide tanning, cultural arts</i> • <i>camp circles, storytelling</i> • <i>traditional games</i> • <i>spiritual practices</i>

*Participant responses are in *italics* and Ms. Dupuis' descriptions are in regular font.

Table 3. Ways to make the TLC Intervention and Health Promotion Successful in the SKQ Community*

<i>Suggested camp protocols</i>	<i>Vision of possibilities for the Traditional Living Challenge strategy</i>
<ul style="list-style-type: none"> • <i>no commercial tobacco in camp</i> • <i>no coffee, sugar, sodas, etc.</i> • <i>no clock-based agenda, but specific activities</i> • <i>not presented as a competition between people, but as individual and collective challenge</i> • <i>participants share in responsibility of camp</i> • <i>preparation, take-down, daily living chores</i> • <i>keeping it in form of a circle, inclusive, open, welcoming</i> • <i>support one another</i> • <i>teach in a way we don't know we're learning</i> 	<ul style="list-style-type: none"> • <i>to run quarterly camps throughout the year</i> • <i>to have cross-tribal camps with kids (ksanka, qelisp, selish)</i> • <i>to translate the principles/practices out into contemporary life</i> • <i>TLC will shape itself into that school of thought that needs to happen</i> • <i>someone has to be the catalyst and make it happen</i> • <i>create different bases of power</i> • <i>to see ourselves as adaptable; we don't have to only be hunters and gatherers; enhance edible landscapes</i> • <i>organize and rally for positive things not just to oppose things that threaten the culture</i>

*Participant responses are in *italics* and Ms. Dupuis' descriptions are in regular font.

PROMISE

Ongoing discussions with key community representatives, including Elder and Cultural Advisory Committees, support the development and testing of the Traditional Living Challenge strategy. Study participants and others

who have been approached express interest in joining the Traditional Living Challenge effort. This includes a willingness to recruit others to the team and/or recruit people willing to participate in an immersion experience to enhance their own or their family's health. New opportunities for developing the TLC concept may emerge with regard to youth activities, and in working with families undergoing stress or in distress.

COMMUNITY-IDENTIFIED BARRIERS

Community support for designing and moving the Traditional Living Challenge forward was strong at the time of the thesis research. Since the thesis, additional support has come from the Tribal Council, Tribal Health and Human Services, Two Eagle River School (the Tribes' alternative Junior/Senior High School), and cultural leaders from throughout the Reservation. Potential difficulties in making the TLC approach effective were identified. A few of the participants raised the issue of who would be considered "cultural enough." The issue of running separate Kootenai and Salish camps was discussed with varying perspectives. In general, it may be better to start with separate Traditional Living Challenge encampments. Working towards broadening cross tribal participation, especially with and for the youth, will foster future harmony within the community.

The following illustrates the lack of consensus that honouring the culture is a good thing. This participant appears trapped between wanting to know more and being judged for not knowing enough.

They said I wasn't cultural enough. I said, Christ, I'm willing to learn. So I don't know. [*What's the barrier around that? What are you thinking about there?*] Some people might judge people who might want to go to the camp, and say why are you coming?... Or they, my Mom says this: oh, they act like full-bloods! You know. And, I say what does that mean? [*Like they shouldn't 'cause they're not?*] The only thing I can figure out when she says that is like they're backwards or something.... [*Oh, when she's putting somebody down?*] Yeah. She says they act like a full-blood. [*Like it's a negative thing?*] Yeah, like it's a negative thing. My mom, and she's almost full. And, I cannot understand that for the life of me. [*Don't you think it comes from her conditioning?*] Yeah, she was raised in the '40s. [*And the best thing you could do was not act like a full-blood.*] Umhmm.

Tension also exists between those who value preserving and learning the culture and those who think it is a backward move or too late. And this happens within families.

People might get their backs up and say why me, why now?

One individual pointed out the prejudice between and among those identifying as Indian.

I can't believe the amount of prejudice we have on this reservation. It's crazy. I get less prejudice from *suyapi* [white people] than I do my own and it's so sad to see. [It doesn't matter what's being said, it matters who's saying it?] Yeah!!

Others brought up the conflict around who is considered to have credible cultural knowledge.

... ok, when are we going to be so confident in ourselves and just correct it; let's go get it. We had to wait until we knew for sure that it was wrong. You know, and being questioned like that. [Does that have something to do with why you're hesitant to share too?] Yeah. Because people wanna look at you sometimes and say, how do you know, or who taught you?

One person commented on the pressure to conform and hold back from education, personal, and professional growth.

... how did I feel about my friends?... At the same time I felt like a little more distant from them. This is the first time that your friends, although they mean well, I felt a lot of them, they influence you with even the drugs and stuff, to keep you near them. You know, that they don't let you grow, some of them ... because they're going to miss you when you're gone, so I felt like I had to separate myself during certain times, you know, in order to grow ... they keep you limited as far as education and everything goes.

Also stressed was the need for full support of the tribal government to encourage, allow for, and enable maximum participation.

One I mentioned, the people that work don't feel penalized for asking to go to this. That's a barrier for some people. A barrier like people that believe that would be a step backwards, that we should be assimilated. [The people that are going to say; what, we're all going to go live in tipis, the cynicism?] Yeah, those guys.

The fact that tribal people have been discouraged from trying by a long history of defeat was mentioned.

Tribal communities have lost so many battles [laughter] against all kinds of entities, their own tribal governments, non-tribal communities, and I think they're beat in a lot of ways, there's a mindset. [They're beat before they even think about it?] Yeah. And, honestly there've been a lot of lost battles, so why should tribal people think that it could be different?

Another concern raised was that the youth are not as strong as previous generations; they live at such a fast pace it is hard to get their attention.

But we can't get our kids to understand [that the sweathouse is there trying to talk to you and help you] that are running so hard, because of that gap of, them not getting that, or people not raised that way. They're scared of it. More and more people today are turning to that. They're going back to traditional; and it's really hard to say that; a traditional lifestyle. Going back to something that was always there. I know there were times in my life when I fell out simply because I was running with alcohol. But I always knew where I could turn. I always knew what was going to take care of me. And, it took *me* to have to do that. And, kids, I don't see the resiliency in our kids today.

WORK UNDERWAY TO IMPLEMENT THE TRADITIONAL LIVING CHALLENGE

The questions that remain to be answered by the pilot study, include:

1. What level of participant burden will be possible for collecting biological and psychosocial measures?
2. How broadly will this approach have appeal within the Salish and Kootenai community?
3. Will other Native communities want to participate in the development of a full-scale randomized multicommunity dissemination trial?

MODIFICATIONS

We have already learned that a variety of approaches within the model are needed to address the community variability expressed above. Examples include:

1. more frequent, shorter sessions to accommodate work/school schedules and to better match the seasonal pattern of traditional life;
2. a variety of experience intensities to meet people where they are, including variations in location (from remote primitive settings to nearby lodges), levels of food restriction (from nearly exclusive focus on traditional foods to "eating healthy") and levels of restriction of tobacco use.

CONCLUSIONS

This work is situated within the broader context of positive psychology and communal mastery, the process of building on community strengths to find new and greater strengths. It proposes creating opportunities for embodied experiences to provide new narratives for a community to restore

wholeness. It reveres the positive aspects of a community history before the arrival of European settlers. The continuing goal is to stretch people toward an earlier way of life, to reconnect with traditional resilience and possibility, while continuing to meet people where they are so that they can take the next step. We continue to seek to understand, through research and evaluation, both qualitative and quantitative, the essential components for this community to reach its own people and move toward community wellness.

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