

Development of Indigenous knowledges in Public Health: Epistememic diversity as an Essential Component of Health Equity

32nd Annual Minority Health Conference
UNC Gillings School of Global Public Health
University of North Carolina, Chapel Hill
William T. Small Jr. Keynote Lecture, 2/25/11

Bonnie Duran DrPH

Director, Center for Indigenous Health Research
Indigenous Wellness Research Institute www.iwri.org
Associate Professor, Department of Health Services
School of Public Health, University of Washington



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My Context



Indigenous Wellness Research Institute



Issues at Hand

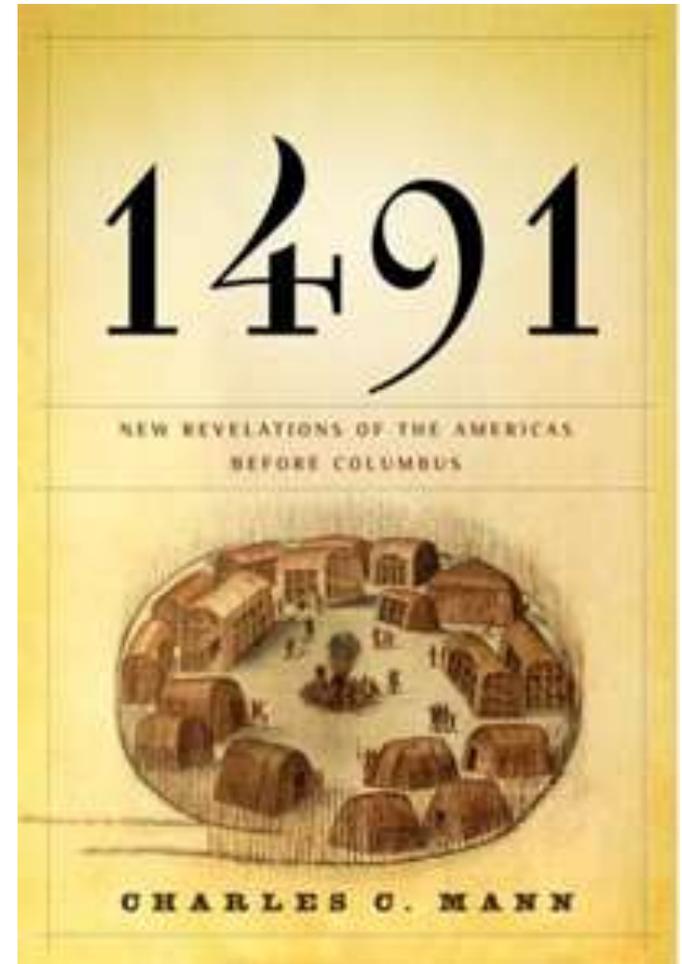
- Has western knowledge production itself contributed to health inequities?
- Is there a power/knowledge episteme of public health that replicates colonial relationships?
- Can Indigenous communities, other communities of color, public health advocates and allies use partnership opportunities and *research spaces* for indigenous knowledge development?

Presentation Objectives

- New *western* scholarship about pre-colonized America's
- Define Modernity/Coloniality Episteme
- Examples of colonizing research
- Decolonizing research and practice: CBPR and the space for indigenous knowledge development

Emerging western scholarship about pre-contact America

- In 1491 there were more people living in the Americas than in Europe.
- Indigenous people in the Americas transformed their land so completely that Europeans arrived in a hemisphere already massively "*landscaped*" by human beings.



Emerging western scholarship about Indigenous knowledges

- Pre-Columbian Indians in Mexico developed corn by a breeding process so sophisticated that a "Science" author described it as "*man's first, and perhaps the greatest, feat of genetic engineering.*"

PERSPECTIVES

AGRICULTURE

Prehistoric GM Corn

Nina V. Fedoroff

Corn mutates as quickly as a fish, and perhaps his grandpa, that of genetic engineering. Its large ears—each packed with firmly attached kernels filled with starch, protein, and oil—make it a food staple. Contemporary corn, unlike its wild ancestor teosinte, each ear with only eight or so kernels, is so big that people can't eat it because it can't digest its own seeds. The origins of maize have long intrigued geneticists, but only recently have new molecular methods enabled evolutionary details to pinpoint its origins and identify the genetic modifications (GMs) that enabled the radical transformation of teosinte into contemporary maize. On page 1306 of this issue, Janaki Dhapu, Doolley, and their colleagues (1) provide the latest chapter in this detective story and suggest that prehistoric people were quick to adopt GM corn.

Teosinte and corn (2) don't look much alike, but they are interrelated. Teosinte corn hybrids arise in the wild but look so different from either parent that they were originally classified as a different species (2a, 2b). In the 1930s, Beadle examined characteristics in teosinte-corn hybrids and concluded that the two plants belonged to the same species, and even shared the same chromosomal order of genes. That should have resolved the question of corn's origins, but it didn't.

In 1938, the eminent maize geneticist Harshbarger proposed that maize evolved from an extinct South American maize species and that teosinte originated from a cross between another genus, *Dryococcis*, and maize (3). Although controversial, this hypothesis was widely accepted, and Harshbarger and Beadle argued publicly for years. Upon retirement, Beadle organized an expedition to Mexico to look for more wild maize relatives, returning with seeds that proved invaluable to the next generation of molecular archaeologists. The 2000 discovery



Prehistoric popcorn, teosinte (left) and present maize (right). The two maize and teosinte differ by inserting teosinte with a different gene.

a few mutations changed teosinte into maize (4). Analyzing backcrossed maize-teosinte hybrids with molecular probes, Doolley's group came to a startlingly similar conclusion. The differences between maize and teosinte could be traced to just five genomic regions (5). In two of these regions, the differences were attributable to alterations of just one gene: *teosinte glume architecture 1* (*tga1*) and *teosinte branched 1* (*tb1*), which all but locked structure and plant architecture.

The *tga1* gene controls glume hardness, size, and curvature (6). Teosinte kernels are surrounded by a dense-like husk, causing their unassisted passage through an animal's digestive tract, which is required for seed dispersal. But the plant's reproductive success in the consumer's nutritional habitat. For approximately one of the maize differences between maize and teosinte kernels lies in the structure (outer and inner glumes) enclosing the kernel. Maize kernels don't develop a husk because the glume is thinner and

its bristle flowers (ears) are produced by secondary branches growing off the main branches. Modern corn has one main stalk with a head at the top. Its lateral branches are short and bear its large ears. Much of the difference is attributable to the *tga1* gene, originally identified in a teosinte-like maize mutant. Mutations generally disrupt gene function, indicating that the maize allele acts by suppressing lateral shoot development, converting grainy teosinte into sleek, single-stalked modern corn and male into female reproduction structures (7).

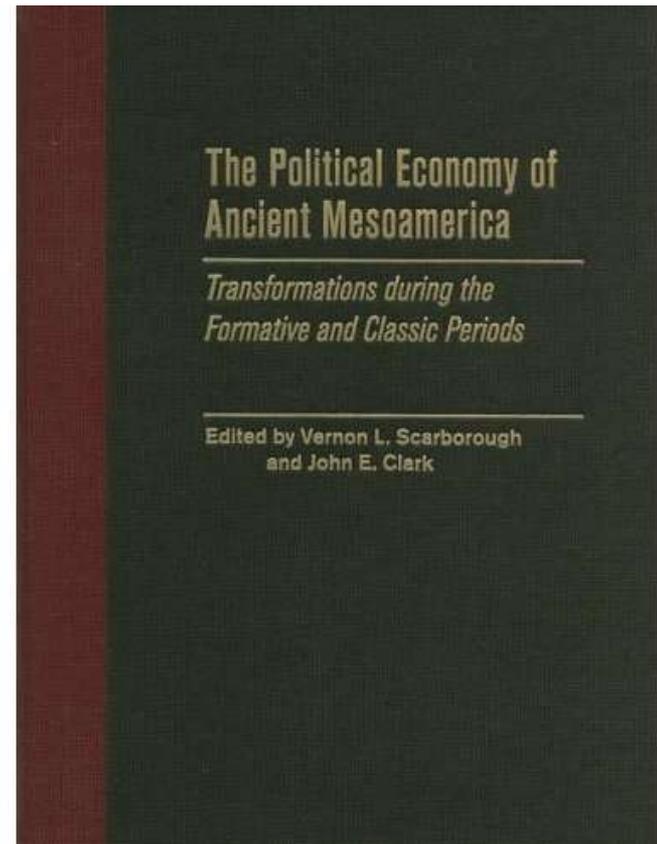
Knowing that this cluster of traits is controlled by just two genes makes it less surprising that genetic differences in these genes could underlie teosinte's much better food plant. Not however useful to people, a *tga1* mutation would have been detrimental to humans, making it more vulnerable to destruction in the digestive tract of the consumer and so less able to disperse its seeds. Thus, the only way this mutation could have persisted is if our ancestors propagated the seeds themselves. This implies that people were not only harvesting—and likely grinding and cooking—maize seeds before these mutations came along, but also were selecting for favorable features such as kernel quality and cob size. In fact, this suggests a "hot-blooded" in corn evolution: several useful GMs were brought together in a single plant and then the seeds from this plant were propagated, giving rise to all contemporary maize varieties. Such a prediction can be tested by calculating the number of generations and individuals it would take to account for the molecular variability present in contemporary maize. The results of such a test suggest a bottleneck for maize domestication of just 10 generations and a founding population of only 30 individuals (8). Did this happen once or many times? Because genetic differentiation rate of a fully recombining site, this question can be answered by constructing family trees using multiple sequences from different varieties of teosinte and contemporary maize. The results are unambiguous: All contemporary maize varieties belong to a single lineage pointing to a single domestication event.

Knowing how quickly differences arise,

AGRICULTURE Prehistoric GM Corn Nina V. Fedoroff *Science* 14 November 2003: 302 (5648), 1158-1159. [DOI:10.1126/science.1092042]

Emerging western scholarship about Indigenous knowledges

- Tenochtitlan, the Aztec capital had a far greater in population than any contemporary European city, and unlike any capital in Europe at that time, had running water, beautiful botanical gardens, and immaculately clean streets.



“We all have been taught what the human species gained by the European invasion of the Americas. Now we have to consider what we, all of us, lost.”

Alfred W. Crosby, author of *Ecological Imperialism* and *The Columbian Exchange*, Professor Emeritus of Geography, American Studies and History, University of Texas

A Western Modernity/ Coloniality Episteme

- *Genealogy*: 17th Century No. Europe Reformation thought, Enlightenment, French Revolution crystallized in 18th Century into “Modernity/Coloniality” and consolidated within the Industrial Revolution and motivated, in part, by colonization
- *Philosophically*, emergence of the notion of “Man” as the foundation for all knowledge & order, separate from the natural and the divine
- *Culturally*, Lifeworld is subsumed by forms of expert knowledge linked to capital and state administrative apparatuses (Foucault's disciplines)
- *Sociologically*, rise of nation-state institution, knowledges for material reproduction Indigenous and Subalterns studies scholars in the America's, India, the Atlantic, Poststructuralists, Critical theorists..

Characteristics of Coloniality/Modernity Episteme

- Western knowledge contains a worldview that sees human development in terms of a master narrative requiring the congruence of other cultures.
- Authority to determine fitness for world citizenship is based on Western knowledge that decides the criteria for what is reasonable and what is not reasonable.
- Globalization: all world cultures and societies are reduced to being a manifestation of European history and culture.
- Modern reason is emancipatory, but modernity's "underside," namely, the imputation of the superiority of European civilization, coupled with the assumption that Europe's development must be followed unilaterally by every other culture

Foundations of Epistemes*

Coloniality-Modernity

- Starts in Greece and Rome
- Rooted in rhetoric of salvation and progress
- By necessity creates condemnatory logic, savage, primitive, marginalized

Post-Coloniality

- Starts in Greece and Rome
- Privileges “newness” in the archaeology/chronological history of European ideals
- Subjectivities created in language and history

Indigenous Episteme

- Starts with a critique of the limits of Eurocentric knowledge hegemony of “science” as truth: Provincialism as Universalism
- Epistemic disobedience as a set of projects that focus on the common effects of the experience of colonialism
- Shifts the geographies of reason
- Language and concepts as only one vehicle to **understand and express “reality”**

* From at least a “post” perspective

Foucault's Episteme as power

- ..defines episteme historically as the strategic *apparatus* which authorizes
 - separating out from among all the statements which are possible
 - those that will be acceptable in a field of scientificity, and
 - which it is possible to say are true or false or "*meaningless*" *

Michel Foucault, *Power/Knowledge* (1980, p.197)

*My addition - borrowed from Sami Scholar Rauna Kuokkanen

Western Knowledge Construction and Examples of Colonizing Research



Indigenist Critique of Western Episteme's

Research

controlled

~~History is written~~

by people in power

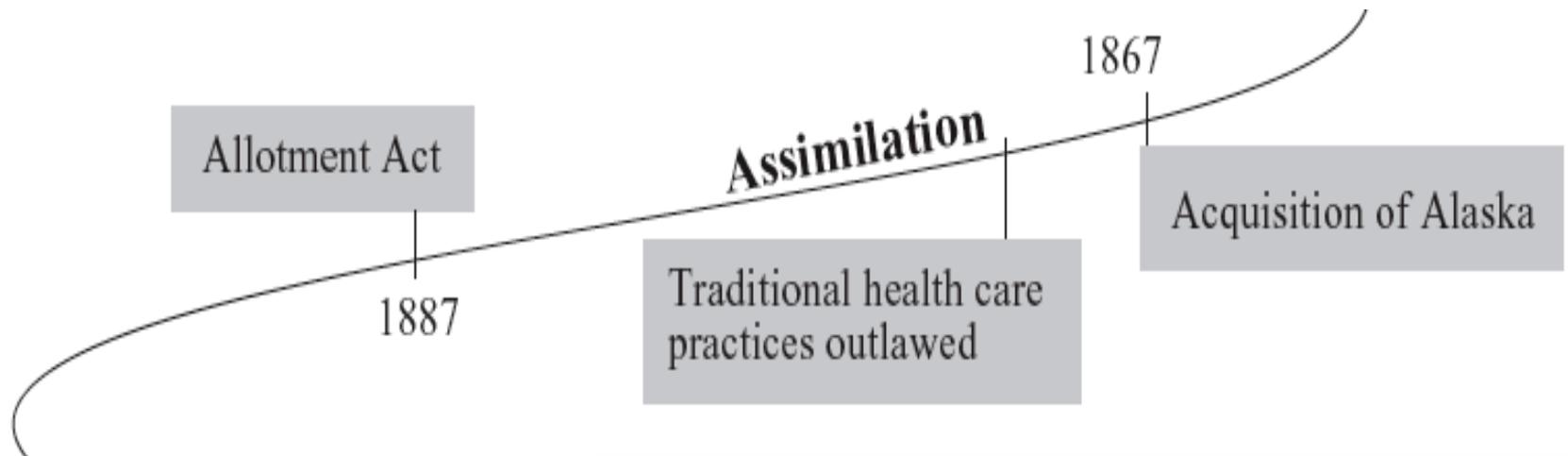
Apparatus of Colonization

- Colonization -
 - Geographical incursion
 - Ideological “stories” about race & skin color
 - Socio-cultural dislocation
 - External political control
 - Provision of low-level social services
- Governance of “frontier” by ‘central’ authority
 - **Main governance institutions:**
 - Church
 - Medicine/Public Health
 - Education/Research
 - Business/Industry
 - Both similar and different from larger global imperial projects

Kelm, M.-E. (1998). *Colonizing bodies : aboriginal health and healing in British Columbia, 1900-50*. Vancouver, BC: UBC Press.

“Colonial Narratives ” & Federal Indian Policy

- Assimilation and Allotment 1870-s - early 1900s
 - 1880's Growth of BIA boarding schools
 - 1883 Some Traditional Medicine Outlawed
 - 1887 Allotment Act abolishes group title to Native land



Shelton, B. L. (2004). *Legal and Historical Roots of Health Care for American Indian and Alaska Native in the United States*. Menlo Park & Washington DC: The Henry J. Kaiser Family Foundation.

"Medical" Rationale for Assimilationist Boarding Schools

OBSTETRIC PROCEDURES AMONG THE ABORIGINES OF NORTH AMERICA.—Dr. Eli McClellan, Assistant Surgeon U. S. A.,

"Promiscuous sexual intercourse among the unmarried of the Apache Indians is common. They are polygamists. The women are unclean and debased. The Navajoes, a branch of the Apache tribe, live in the rudest huts and lead a drunken, worthless life. The women are debased and prostituted to the vilest purposes. Syphilitic diseases abound. Polygamy

"Promiscuous sexual intercourse among the unmarried of the Apache Indians is common. They are polygamist. The women are unclean and debased. The Navajos', a branch of the Apache tribe, live in the rudest huts and lead a drunken worthless life. The women are debased and prostituted to the vilest purposes. Syphilitic diseases abound...."

McClellan, E. (1873). *Obstetric Procedures among the Aborigines of North America*. *Clinic of the Month*, 99-106.

Rhetoric of salvation and progress

Concerning American Indian Womanhood.—An Ethno-
logical Study. *Am. Gyn. Ped.* 5, 330-341,

1891-92

BY WM. THORNTON PARKER, M.D. (MUNICH).

BEVERLY, MASS.

*Fellow of the Massachusetts Medical Society, and of the Boston Gynecological
Society, late Acting Assistant Surgeon U. S. Army, formerly
Surgeon in the U. S. Indian Service, etc.*

- “it seems ..a reproach upon Him...that she should be the most poorly prepared ..for the reproduction of her kind...”

DR. HENRY T. BYFORD, in a paper read before the Chicago Gynecological Society, February 20, 1885, quotes Professor Gross as asking, “Why did not the Almighty create, simultaneously with woman, a competent gynecologist to meet the inevitable evils?” Dr. Byford adds that “it seems indeed like a reproach upon Him, the crowning work of whose intelligence was the creation of woman, that she should be the most poorly prepared of all beings for the reproduction of her kind.

Parker, T. (1891). Concerning American Indian Womanhood-An Ethnological Study. *American Gynecology and Pediatrics*, 5, 330-341.

Medicine and Disciplinary Power

SOME SACRED OBJECTS OF THE NAVAJO RITES.

BY WASHINGTON MATTHEWS, SURGEON, U. S. ARMY.

SOME one has said that a first-class museum would consist of a series of satisfactory labels with specimens attached. This saying might be rendered: "The label is more important than the specimen." When I have finished reading this paper, you may admit that this is true in the case of the little museum which I have here to show: a basket, a fascicle of plant fibres, a few rudely painted sticks, some beads and feathers put together as if by children in their meaningless play, form the total of the collection. You would scarcely pick these trifles up if you saw them lying in the gutter, yet when I have told all I have to tell about them, I trust they may seem of greater importance, and that some among you would be as glad to possess them as I am. I might have

- The basket drum
- The drum stick
- The Plumed wands
- Kethawns
- Sacrificial Cigarettes

Matthews, W. (1893). Some Sacred Objects of the Navajo Tribe. *Archives of the International Folklore Association* 1, 227-254.

Subjugated Knowledge's

July, 1922

THE MODERN HOSPITAL

41

SUPLANTING THE MEDICINE MAN*

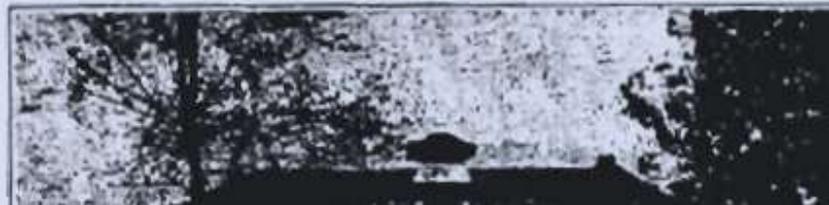
BY ARTHUR E. MIDDLETON, CHIEF OF CONSTRUCTION SECTION, INDIAN BUREAU, INTERIOR DEPARTMENT, WASHINGTON, D. C.

NOT so long ago that the period and conditions are reminiscent or unfamiliar to those individuals who have aided and are still aiding in the moral, spiritual and physical advancement and perpetuation of the Red Man, the fight against disease was waged under the most trying disadvantages.

Then the Indian had just begun reluctantly and doubtfully to yield to the influences of civilization and, though accepting some of its customs, still clung with tenacious hold to the ideas and habits formed in the early history of the race and regarded with mingled skepticism.

eral exceptions, in the vast region extending from the Mississippi River to the Pacific Ocean and from the Gulf of Mexico to the Canadian border. The exception referred to are the hospitals located at Carlisle, Pa., Cherokee, N. C., Mount Pleasant, Mich., Hayward, Keshena and Oneida, Wis.†

The school hospitals are designed solely for the treatment of children and the typical plan usually provides two separate wards for the sexes with screened and glazed porches adjunct thereto, convalescent ward, operating, waiting, nurses', dining, bath and toilet rooms and kitchen. At some



Surveillance and normalizing judgment work together to form “discipline”

Are the Indians Dying Out?*

FREDERICK L. HOFFMAN, LL. D., F. A. P. H. A.

Consulting Statistician, Prudential Insurance Company, Newark, N. J.

THIS important question of vital concern to our strictly native population was first raised in an essay entitled “Preliminary Observations Relating to Indian Civilization and Education,” published by the Bureau of Education as a contribution to the Philadelphia Exposition of 1876. The author of the report was S. N. Clark, who gave an interesting account of Indian population statistics, estimating for the year 1876 a total Indian population of 291,882. The estimate of the Indian Office in the census of 1870 was 313,371.

While the report in question contains much valuable information, it fails to deal with the fundamental question of defining an Indian for census purposes. Obviously to ignore the large amount of race intermixture which has taken place since the settlement of the country, and which constantly tends to merge persons of Indian blood or part Indian descent into the white race, fails to take cognizance of a situation which at all times has complicated efforts to determine the question whether the true Indian is dying out. The true Indian in this

THE NAVAHO POPULATION PROBLEM

BY FREDERICK L. HOFFMAN

OF all North American Indian tribes, the Navaho is one of the outstanding examples deserving of much more consideration than has heretofore been given to this group of interesting and numerically well represented people. The Navaho, happily, has preserved most of his original characteristics, and while probably considered civilized in the crude sense of the word, yet lives much as of old, except that a decidedly war-like tribe has become thoroughly peaceful and exceptionally law-abiding.

- ...the greatest, most precise, productive, and comprehensive system of control of human beings will be built on the smallest and most precise of bases.
- “...determine question of whether true Indian is dying out’.

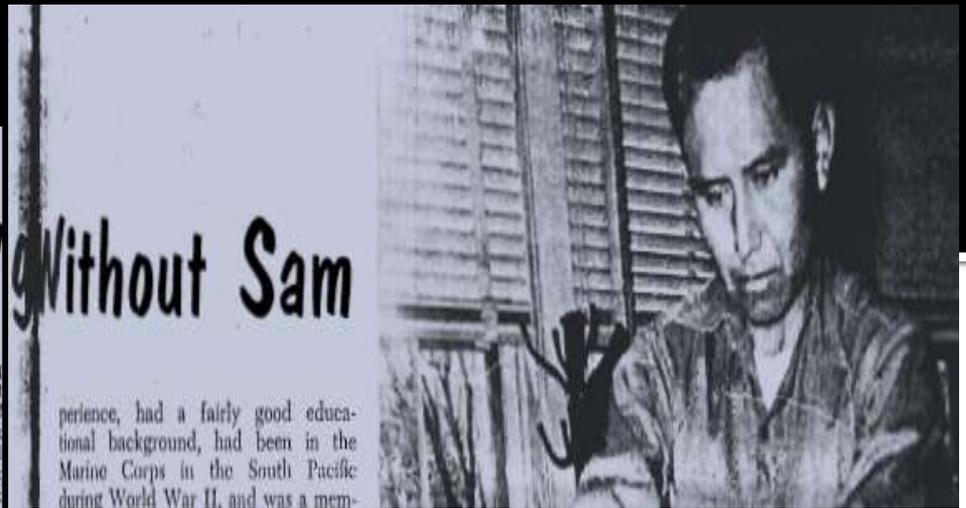
Hoffman, F. (1928). The Navajo Population Problem. *Proceedings of the twenty-third International Congress of Americanists* 23, 620-633.

Hoffman, F. (1930). Are the Indians Dying Out? *American Journal of Public Health*, 20, 609-614.

I Couldn't Have Gotten Along Without Sam

The success of our public health program among the Navajos could not have been achieved without the help of Sam—chaffeur, assistant, and interpreter of the language, tribal customs, and ethics

By Ida E. Bahl



perience, had a fairly good educational background, had been in the Marine Corps in the South Pacific during World War II, and was a mem-

- Knowledge, race and social position
 - Interpreter, health educator, health systems navigator, medicine person...

• ...driver

Nursing outlook,
June 1961

Colonial Episteme

77
January, 1940

THE MEDICAL WOMAN'S JOURNAL

25

Public Health Section

INFLUENCING THE HEALTH PRACTICES OF PRIMITIVE PEOPLE*

By EDNA A. GERKEN,
*Supervisor Health Education,
Office of Indian Affairs,
Washington, D. C.*

THE subject of this paper seems to imply that the living habits of primitive people are not satisfactory, and that changes are necessary and desirable. As a matter of fact, a little examination shows that primitive people in their own habitat have been able to work out for themselves fairly adequate modes of living entirely satisfactory to them and suited to their simple environment. Living in isolated groups or roaming about in small bands, they have no need for modern methods of providing for waste disposal or safeguarding water supplies. Eating natural foods, including the whole of the animal, with roots, fruits and seeds in abundance, they secure all of the essentials of an adequate diet which more civilized man can obtain only after much thought.

barter of the primitive groups, and so poverty becomes another factor prejudicial to the welfare of the people.

It is thus apparent that the problems of health among primitive groups are not inherent in the primitive culture itself, but are rather outgrowths of civilization's impingement upon it. Of these the most outstanding are those pertaining to nutrition, sanitation, communicable disease control, and the mismanagement of infants at and following birth with the resulting high infant mortality. How can these problems be met?

Health education, if developed on the basis of a sympathetic understanding of primitive habits, along with a thorough knowledge of the scientific background for modern health prac-

- Health research served as a “roadmap” for colonizers who utilized IHS to overcome difficulties of transportation and communication in more remote, previously inaccessible locations

Decolonizing Research

- DR is a purposeful approach to “transforming the institution of research, the deep underlying structures and taken-for-granted ways of organizing, conducting, and disseminating research knowledge”
- DR enables indigenous communities to theorize their own lives connecting with past and future generations



Drawn from work of Smith, L.T. (2005). On Tricky Ground: Researching in the Age of Uncertainty. In Denzin & Lincoln (eds.). Handbook of Qualitative Research. Sage Publications

Indigenous Knowledges

- Indigenous knowledge (IK) as ancient, communal, holistic, spiritual and systematic knowledge about every aspect of human existence
- Local communities through accumulated IK gained from generation to generation, knew:
 - Social order through culture-based sanctions and rewards for appropriate behavior
 - Longevity through Indigenous Public Health
 - Healthy physical environments through stewardship, ETC ETC ETC

Example of an Indigenous Episteme

- “*Logic of the gift*” as a foundational epistemic convention grounded in valuing
- *Gifting* functions as a system of social relations, forming alliances, solidarity
- *Gifting* extends to giving and receiving in the natural and spiritual realms
- Reconstructing indigenous Epistemes offers alternative paradigm for everyone, not just Natives..

Evidence Based Public Health vs..

- Evidence based Interventions may be a form of forced acculturation
- Indigenous health promotion and treatment is often effective “cultural revitalization”



Indigenist Local Theory of Etiology

- cumulative vulnerability that colonization; i.e., epidemic disease, forced removal, warfare, and white cultural hegemony, have had on the physical manifestation of health among indigenous peoples.

How You Can Change Your Genes

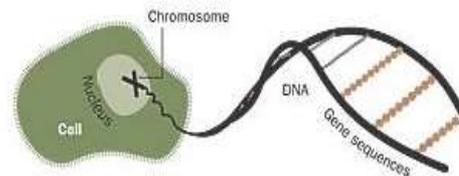
Dr. Lars Olov Bygren's research helps explain how a father's diet might affect certain traits he passes to his son

Story | [All Best and Worst Lists](#)

The Structure of Cells

1
THE STRUCTURE
OF CELLS

2
THE ROLE OF
DNA AND GENES



[MORE](#)

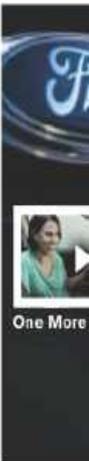
NEXT

1 of 5 | [View All](#)

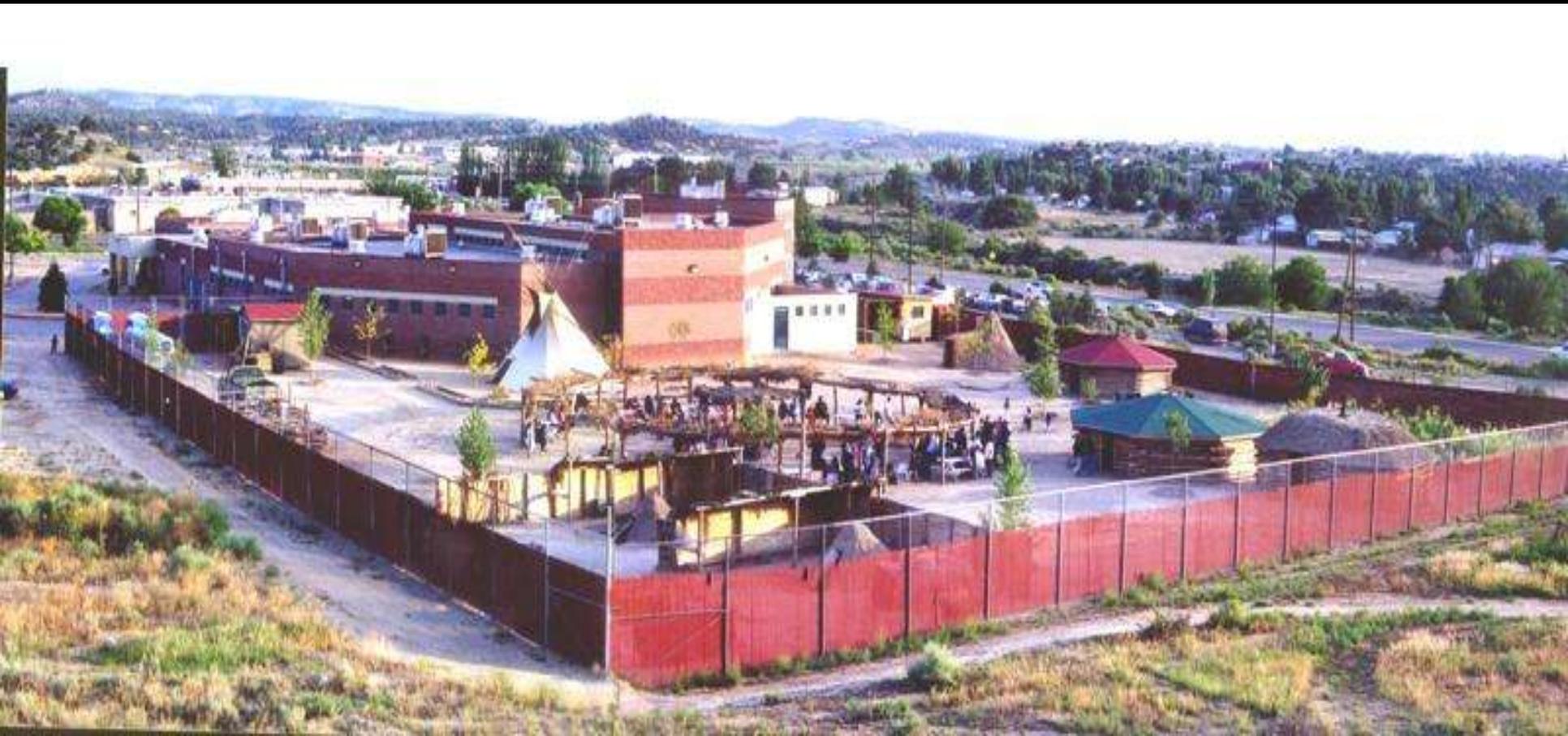
The human body has trillions of cells, each one with a nucleus, its command center. In each nucleus, DNA is tightly coiled around proteins called histones that work as support structures for genes

The Role of DNA and Genes

Genes contain the codes for cells to produce the various proteins that organisms need to function. Humans have approximately 25,000 genes. Darwin and his followers taught us that it takes many generations to rewrite this



Indigenous and Hybrid Approaches



Base Interventions on Culture

- Story telling
- Sweat Lodge
- Talking circle
- Vision quest
- Wiping of tears
- Drumming
- Smudging
- Traditional Healers
- Herbal remedies
- Traditional activities



Center for Indigenous Health Research - IWRI

- Decolonizing research and training
- Partnerships with T/U/I
- Indigenous Knowledge reclamation and production
- Harness resources of UW and partners towards mission
- Partners – MOU with
 - American Indian Higher Education Consortium
 - Northwest Indian College
 - National Congress of American Indian Policy Research Center
 - National Indian Health Board
 - Affiliated Tribes of Northwest Indians

- Navajo Nation
- NM Pueblo's
- AAIHB
- NRG UW
- NWIC
- AIHEC
- 30 TCU



Research for Change: Cross-Site Multicultural Community-Based Participatory Research

Funding NIDA, OBSSR, NCRR, IHS

NCMHD Funded-- Evolution of National CBPR Team

UNM TEAM



UNM & UW TEAM



NCAI Policy Research Center

The NCAI Policy Research Center is a **tribally-driven** think tank that supports Native communities in shaping their own future by gathering credible data, building tribal research capacity, providing research support, and convening forums addressing critical policy questions.

As sovereign nations, tribes have a role in the research that is conducted in their communities and in regulating research which occurs on their land and with their citizens.

**- Joe Garcia,
Former President, NCAI**



Tribally-Driven Research

NCAI Policy Research Center

- Established in 2003 as a national tribal policy research center that would focus solely on issues facing tribal communities
- Forum for forward-thinking, deliberate, proactive Indian policy discussions and the development of policy scenarios

PRC Values

- Research in service to community
- Direct implications for communities and improving their well-being
- Community-driven agenda and all aspects of the work
- Honor community and cultural contributions to the work
- Partnership with communities and other organizations
- Respect tribal sovereignty and ownership of data
- Indigenous knowledge is as valid as academic knowledge
- Research should build community capacity

New CBPR Advisory Board



Native American Research Centers for Health

- Partnership between Indian Health Service & NIH
- 3 Goals-
 - Reduce mistrust
 - train “Expert Indians”, pipeline program
 - conduct rigorous health disparities research
- Tribal organization must be lead and maintain 30% of funds

Research for Improved Health: A National Study of Community-Academic Partnerships

- 1. Describe the variability of CBPR across dimensions in the model to identify differences and commonalities across partnerships
- 2. Describe and assess the impact of governance on CBPR processes and outcomes across AI/AN and other communities of color.

Research for Improved Health: A National Study of Community-Academic Partnerships

3. Examine the associations among group dynamic processes and three major CBPR outcomes:
 - culturally-responsive and centered interventions;
 - strengthened research infrastructure and other community capacities; and
 - new health-enhancing policies and practices, under varying conditions and contexts.
4. Identify and disseminate best and promising practices, assessment tools, and future research needs

On Models

MODELS ARE "AN IDEALIZED REPRESENTATION OF REALITY THAT HIGHLIGHTS SOME ASPECTS AND IGNORES OTHERS."*



Dryden Flight Research Center ECN-4243 Photographed 1974
747 wake vortex research with smoke generators. A
Learjet and T-37 Cessna fly through the wake. NASA photo

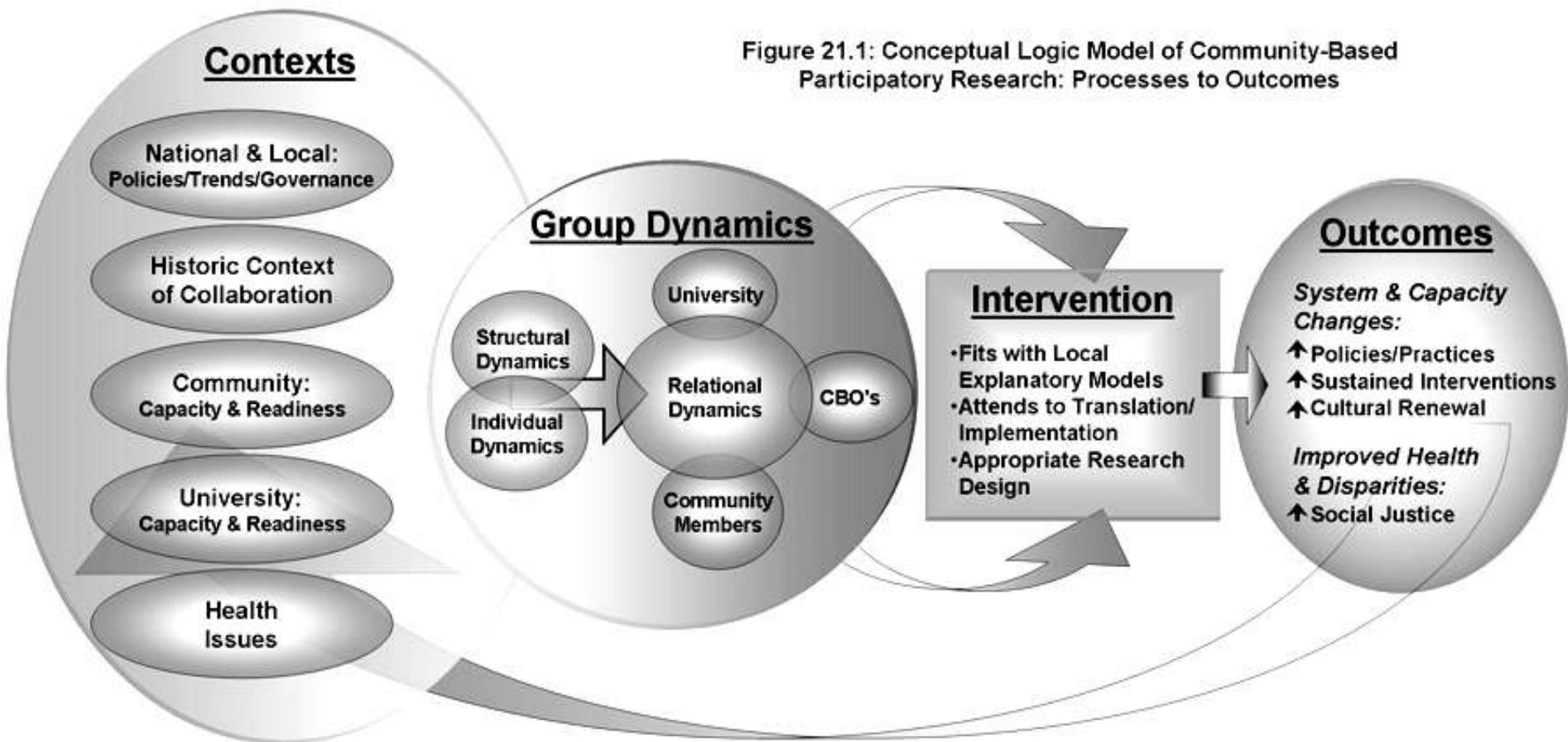
* Pearl, J. (2000). *Causality: Models, reasoning, and inference*. Cambridge, England: Cambridge University Press.

"MODELS OF COURSE ARE NEVER TRUE, BUT FORTUNATELY IT IS ONLY NECESSARY THAT THEY BE USEFUL" **



** Box, G. E. P. (1979). Some problems of statistics and everyday life. *Journal of the American Statistical Association*, 74, 1-4

Figure 21.1: Conceptual Logic Model of Community-Based Participatory Research: Processes to Outcomes



	Group Dynamics			
Contexts: <ul style="list-style-type: none"> •National/Local Policies & Trends in Political Governance •Historical Context of Collaboration •Community: Capacity & Readiness •University: Capacity & Readiness •Perceived Severity of Health Issues 	Structural Dynamics: <ul style="list-style-type: none"> • Diversity • Complexity • Formal Agreements • Real Power/Resource Sharing • Alignment with CBPR Principles • Length of Time in Partnership 	Relational Dynamics: <ul style="list-style-type: none"> • Dialogue/Mutual Learning • Leadership/Stewardship • Influence/Power Dynamics • Flexibility • Self & Collective Reflection • Participatory Decision Making & Negotiation • Integration of Local Beliefs to Group Process 	Intervention: <ul style="list-style-type: none"> • Intervention adapted within local culture • Intervention informed by local institutions • Research design reflects partnership input • More likely to be sustained 	CBPR System & Capacity Changes: <ul style="list-style-type: none"> • Cultural Revitalization & Renewal • Empowerment: Community & University Reflection • Change in Power Relations • Change in Practices & Policies • Culturally-Based & Sustainable Interventions
	Individual Dynamics: <ul style="list-style-type: none"> • Cultural Identities & Values • Cultural Humility • Individual Beliefs • Community Reputation of PI 	Health Outcomes: <ul style="list-style-type: none"> • Overcoming Disparities 		

CBPR Very Preliminary Sample Characteristics

- 369+ Federally funded active in 2010
 - Include NARCH
 - Include PRC
 - N= 427
- Ethnicity
 - AIAN 32
 - API 15
 - AA 72
 - Latino 97
 - White 7
 - Multicultural 48
 - None of the above 107
- **Vulnerable** population
 - $n = 126$ Children/Youth
 - $n = 61$ Low-Income
 - $n = 14$ People w/ Disability
 - $n = 27$ Elderly
 - $n = 53$ Rural
 - $n = 45$ Migrant / Immigrant
 - $n = 56$ Families
 - $n = 3$ LGBTQ / MSM

Tribal Colleges and University Alcohol and Drug Problems and Solutions Study

NIDA 5R01DA029001-02

Funding period: 2009 – 2013

Partner: American Indian Higher Education Consortium- 31 Tribal Colleges and Universities

UW Team

Leo Egashira
Maya Magarati
Myra Parker
Ramona Beltran
Elana Mainer





Northwest Indian College Center for Health

Applying for Community-Based Participatory Research in the Pacific Northwest

Northwest Indian College Center for Health (NWCCH): development of a community-based participatory research (CBPR) partnership
 Karyl S. Jefferson (Lummi), NWCCH; Don Vesper, NWWIHB; Rosalina D. James (Lummi), UW; Nadine Bill (Upper Skagit), NWCCH; Robbie L. Paul (Nez Perce), WSU; Bonnie M. Duran (Opelousas/Coushatta), UW; Teresa A. Evans-Campbell (Snohomish), UW; Lisa Rey Thomas (Tlingit), UW; Dennis M. Donovan, UW; Janet R. Katz, WSU; Cheryl Crazy Bull (Sicangu Lakota), NWCCH; Marilyn Scott (Upper Skagit), NWWIHB; Cynthia Pearson, UW; Colleen Berg, NWCCH; Sandy Ludgate (Kiowa), NWCCH; The NWCCH/NARCH Team; *William L. Freeman, NWCCH.

Partnership Members

- NWCCH - Northwest Indian College
- NWWIHB - Northwest Washington Indian Health Board
- UW - University of Washington
- WSU - Washington State University

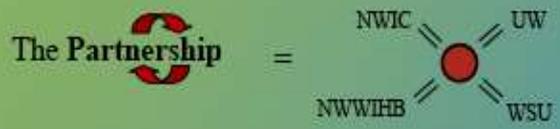


Northwest Indian College Lummi (main campus) Extended campus sites: Mashkeehot Port Gamble Nez Perce Tulkup Swinomish	Northwest Washington Indian Health Board Represented Tribes: Lummi Swinomish Nodachi Upper Skagit Sushit	University of Washington Indigenous Wellness Research Institute (IWRI) Alcohol and Drug Abuse Institute (ADAI)
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Northwest Indian College

- Accredited tribal college – candidate for 4-year degree granting accreditation
- Only accredited regional Tribal college
- Providing educational services in over 45 tribal communities in the Pacific Northwest
- Over 750 FTE students – 80% Native student body
- Over 100 different tribes represented in our student body

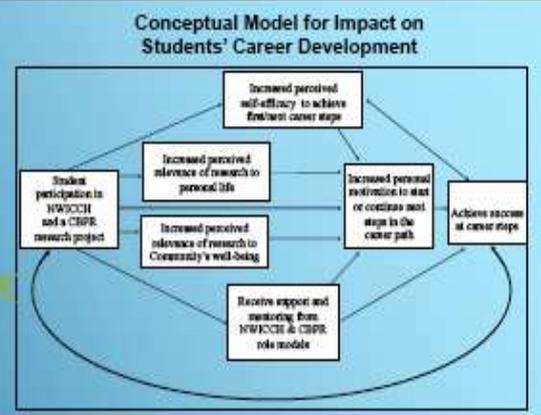
www.nwic.edu



Developing NWCCH's Partnership

- September 2007 - UW, WSU and NWCCH researchers discussed applying for NARCH-V.
- October 2007 - NWCCH's President established NWCCH, with preparation of the NARCH application by full CBPR methods as its first activity & with a tribal-based Partnership for health research.
- November 2007 - NWCCH invited NWWIHB to be its tribal-based health partner. Nine Native UW and WSU researchers expressed interest in being university-based partners. The two tribal-based partners proposed eleven research topics to address tribal and college health disparities.
- January 2008 - Each Native researcher chose which topic to address, wrote a 3-page proposal, and presented it to the tribal Partnership in a day-long retreat.
- February and March 2008 - The tribal Partnership suggested tribal or college oriented revisions to each proposal, reviewed the second versions, prioritized them per tribal and college needs, and chose the five highest-priority projects for the NARCH application.
- March 2008 - The Partnership agreed on the structure of the CBPR Partnership with the institutional partners participating in the Executive Committee and the Community and Scientific External Advisory Council.
- April 2008 - The Partnership refined NWCCH's Conceptual Model, Goals, and Specific Aims.
- May 2008 - The Partnership approved the project & submitted the NARCH-V application.

Conclusions: The NARCH application was funded with Scientific Reviews indicating a "very strong" CBPR approach as a major strength.



Partnership's Goals

- Conduct high-quality community-based participatory research (CBPR) projects that address the health needs and research priorities of the tribal partners;
- Operationalize key tribal values (partnership that increases both the trust in, and contributions by, all partners);
- Develop American Indian and Alaska Native students and faculty to be health professionals and researchers who can compete for NIH research, with these CBPR projects and their research teams being positive role models and providing modeling and learning experiences; and
- Reduce health disparities of tribes by these CBPR projects that rely on and enhance the strengths and resilience of Native people and tribes.

Partnership's Specific Aims

- Complete successful CBPR projects with the four NWCCH partners focused on expanding safety and health to counter substance use and alcohol abuse disparities in teens, women before, during, and after pregnancy (tribal college students, and the entire population);
- Build capacity of all four partners to do productive CBPR;
- Increase the number of Native American (tribal and Alaska Native (ANAN)) people in the early career pipeline for health professional and research tracks, with the CBPR projects providing first-hand research experiences for students and junior faculty, and NWCCH investigators serving as role models and mentors; and
- Develop funded interventions to reduce health disparities in priority areas based on the results of the tribal NWCCH projects.

On behalf of the entire NWCCH team, this project received support from the Northwest Indian College Center for Health, Northwest Indian College, and from the Native American Research Centers for Health (NARCH) & Indian Health Service, and National Institute of General Medical Sciences-National Institutes of Health (NIH/NIH/NIH). PI: Karyl S. Jefferson; and from the National Institute on Drug Abuse-National Institutes of Health (NIH/NIH/NIH), and from the National Institute on Alcohol Abuse and Alcoholism (NIAAA). PI: Rosalina D. James, Bonnie M. Duran, and Lisa Rey Thomas, respectively. The views, findings, and conclusions do not necessarily represent the views of NIA, NIDA, NIDDK, UW, WSU, or NWCCH.

Projects

Growing Our Own Native American Student and Faculty (GO-NASAF): GO-NASAF is the student and faculty development project. PI: Rose James (Lummi), UW; Co-PI: Nadine Bill (Upper Skagit), NWCCH; PI: Teresa Evans-Campbell (Snohomish), UW; subproject; PI: Robbie Paul (Nez Perce), WSU; subproject.

Tribal Colleges & Universities: Alcohol & Problems & Solutions. This research will determine the extent of problem drinking and existing programs at targeted TCUs. PI: Bonnie Duran (Opelousas/Coushatta), UW.

Caring for Our Generations: Supporting Native Mothers & Families. This research will determine knowledge, attitudes, beliefs, behaviors, and experiences (KABBE) about women's health before, during, and after pregnancy. PI: Teresa Evans-Campbell (Snohomish), UW.

Pathways to Sobriety: Pacific Northwest Oral Life Historians. This research will determine common themes, strengths, and resilience in the life histories of ANAN individuals who have never had problems with substance or alcohol abuse or have successfully recovered from problems. PI: Lisa Rey Thomas (Tlingit), UW.

NWCCH also has an Administrative Core that supports all four projects. PI: Karyl Jefferson (Lummi).

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 * Based on review of the Northwest Indian College Website

Study AIMS

1. Establish partnership and board (CBPR)
2. Compile and summarize literature
3. Key Stakeholders survey-needs and capacity
4. ***Qualitative review of culture-centered and evidence based interventions***
5. Develop effective outreach and screening procedures

In the Practice World

Decolonizing Strategies: Potential Approaches to Support Epistemic Diversity

Adapted from:

**Overview of Multicultural and Culturally
Competent Program Evaluation
Issues, Challenges and Opportunities**

**The California Endowment
Rodney Hopson, Ph.D.**

Reflect on your Social Location

1. The social location of the student/researcher matters (intersectionality)

- Gender
- Race
- Class
- Ethnicity
- Education
- Privilege/target
- Sexual orientation
- Etc... What else?



Hankivsky, O., & Cormier, R. (2009). *Intersectionality: Moving Women's Health Research and Policy Forward*. Vancouver: Women's Health Research Network.

This publication is also available online at www.whrn.ca.

Social change is a goal

2. Research plays a role in furthering social change and social justice

- Ability and duty to recognize asymmetric power relations and to
- challenge systems and mechanisms of inequity and injustice
- in hope of dismantling oppression

Theoretical approaches: Indigenist, Queer, critical, feminist, cultural humility, anti-racist, postcolonial, etc... What else?

Reflect on ethnocentrism and cultural humility

3. Avoiding ethnocentrism means embracing multiple cultural perspectives
 - shift between diverse perspectives
 - Recognizes ethnocentric standards and ideas
- HOW?
 - Employ a team who can “translate” research from multiple cultural contexts

Valuing is culturally embedded

4 Culture is central to the research process

- worldview, values and norms impact the uses of, reactions to, and legitimacy of, any research
- multicultural validity - defining social problems
- norms will play out in the context of research instruments and protocols.

Decolonize and Indigenize

- 5 Culturally and ethnically diverse communities have contributions to make in redefining the research field**
 - standards, guidelines, methods and paradigms of the research field need to be rethought, and underserved and marginalized culturally diverse groups have an important role to play in this process

A Role of Academic Researchers

- The role of the intellectual, according to Deleuze, is not to awake consciousness but to weaken the power of hegemonic discourse and to create the space for competing discourses to be formulated and dispersed.

Roles of Ally Researchers in 2009

From this position, then...if you make it your task not only to learn what's going on there through language, through specific programs of study...through historical critique of your position as the investigating person. When you take the position of not doing your homework, I will not criticize because of the accident of my birth, the historical accident, that is a pernicious position.

Gayatri Spivak.
Postcolonial critic



May all beings be happy.