

Culture is Prevention

Youth attend a sewing or beading group to learn their traditional language. A group of young women participate in a talking circle to discuss dating violence. A young man asks a traditional practitioner for a ceremony. A youth group drums at a powwow. A community holds a sweat or steam baths once a month. An elder visits a class room to share traditional knowledge with the youth. Is this prevention?

Native Connections (NC) grantees know, from their own experience and from that of other grantees and partners, that culture is prevention. But how do we convince others – funders, tribal councils, community members? What, besides anecdote, demonstrates this is true? How do we know that cultural practices are protective factors?

There's research! Research shows that the risk for substance misuse and other adverse behaviors increases as the number of risk factors increases, while the more protectives that are in place reduce the risks.¹ Categories of protective factors positively associated with health and social outcomes for American Indian and Alaska Native (AI/AN) youth include: personal wellness, positive self-image, self-efficacy, familial and non-familial connectedness, positive opportunities, positive social norms, and cultural connectedness. Such factors positively influenced adolescent alcohol, tobacco, and substance use; delinquent and violent behavior; emotional health including depression, suicide attempt; resilience; and academic success.² In a study of suicide attempts among AI/AN youth, the authors concluded that increasing protective factors was more effective at reducing the probability of a suicide attempt than was decreasing risk factors.³



¹ <https://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence>

² Journal of Primary Prevention. 2017 Apr;38(1-2):5-26. doi: 10.1007/s10935-016-0455-2. Identifying Protective Factors to Promote Health in American Indian and Alaska Native Adolescents: A Literature Review, Henson M¹, Sabo S², Trujillo A³, Teufel Shone N⁴.

³ Borowsky, I. W., Resnick, M. D., Ireland, M., & Blum, R. W. (1999). Suicide attempts among American Indian and Alaska native youth: Risk and protective factors. *Archives of Pediatrics and Adolescent Medicine*, 153(6), 573-580.



We see NC grantees promoting and creating strengths-based programs for youth across the country. One grantee will offer cultural workshops to 100 community members, that include traditional cooking, gardening and arts and crafts. Another grantee plans to increase cultural pride and self-awareness by facilitating youth group meetings which promote a sense of self, community, and well-being. Another grantee is holding regular traditional storytelling events and traditional games for youth. The Cheyenne and Arapaho Tribe, a sub-recipient of Southern Plains Tribal Health Board, sum it up with this marketing message, “Tradition, not Addiction.” Some grantees are combining cultural activities with evidence-based practices such as Project Venture and/or Question, Persuade, Refer (QPR) or Applied Suicide Intervention Skills Training (ASIST). NC grantees know that cultural practices and events can build connectedness, model positive social norms, personal wellness, and contribute to the other positive outcomes listed above.



Cultural values are the threads that tie one tribe’s or village’s practices to other indigenous practices; they are also the links between the past and the present. They align with what the research tells us works in prevention. In community gatherings we see the traditional values of generosity and belonging. In activities that connect youth and elders, the value of respecting and honoring the wisdom and history that elders carry is

demonstrated, as well as providing a sense of belonging for the youth. Storytelling and story circles honor traditional wisdom, but also give participants the opportunity to speak their own truth, honor their identity, and learn values and skills that contribute to self-efficacy. It is the transmission of these values that lays the foundation for resilience.

But how do you tell the story of the cultural activities being implemented in your community? How do we know they are working? There are current and historic problems with research and evaluation in AI/AN communities. Indigenous communities are concerned that most research has focused on risk factors, which encourages stigmatization. Because of this many AI/AN communities are drawn to strengths-based models. These approaches emphasize the protective role of culture, cultural processes, and activities in prevention. They are also drawn to Community Based Participatory Research (CBPR) as a type of research that is more respectful,



ethical, sympathetic, and useful than research associated with exploitation and colonization.⁴

CBPR is a collaborative approach to research that, in an unbiased way, involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community and has the aim of combining knowledge with action and achieving social change to improve health outcomes and eliminate health disparities.⁵ It has also been used to increase the capacity of community members to use research to further the goals of the community. It will ultimately lead to legitimizing cultural interventions in the eyes of the larger research community and funders who rely on “research-based” criteria to fund activities.

One group of researchers have described CBPR as having the following characteristics:

- Emphasizes protective factors, resilience, and well-being
- Develops community capacity and collaboration on design of local programs
- Conceptualizes suicide as a social problem, not an individual problem
- Focuses on community-level factors, not individual-level factors⁶

Future work products will expand on how to implement CBPR in your community, starting with determining what outcomes the community is interested in tracking and then proceeding to planning and developing the measures and instruments that will best meet the needs of the community and demonstrating the effectiveness of the interventions being implemented by the grantee’s Strategic Action Plan.

“Expanding on this community-level perspective, it is imperative to develop interventions capable of increasing community health as well as individual well-being. To date, suicide prevention intervention research focused on producing standardized interventions has had disappointing results. To some extent, this may reflect difficulties in implementation. We argue, therefore, that focusing on the processes of change through community engagement and participatory inquiry may help identify and address the limitations of current interventions. Such an approach to research ensures that there is always knowledge gained, whatever the outcome.”

Wexler, L. et. al., Advancing Suicide Prevention Research with Rural American Indian and Alaska Native Populations, *Am J Public Health*. 2015 May; 105(5): 891-899

⁴ Smith LT. Decolonizing Methodologies: Research and Indigenous Peoples. London, England: Zed Books; 1999.

⁵ W.K. Kellogg Foundation Community Health Scholars Program, <http://www.kellogghealthscholars.org/about/community.php>

⁶ Wexler, L. et. al., Advancing Suicide Prevention Research With Rural American Indian and Alaska Native Populations, *Am J Public Health*. 2015 May; 105(5): 891–899.