INDIGENOUS WELLNESS RESEARCH INSTITUTE NATIONAL CENTER OF EXCELLENCE
Supported by the National Institute On Minority Health And Health Disparities of the National Institutes of Health under award number P60MD006909

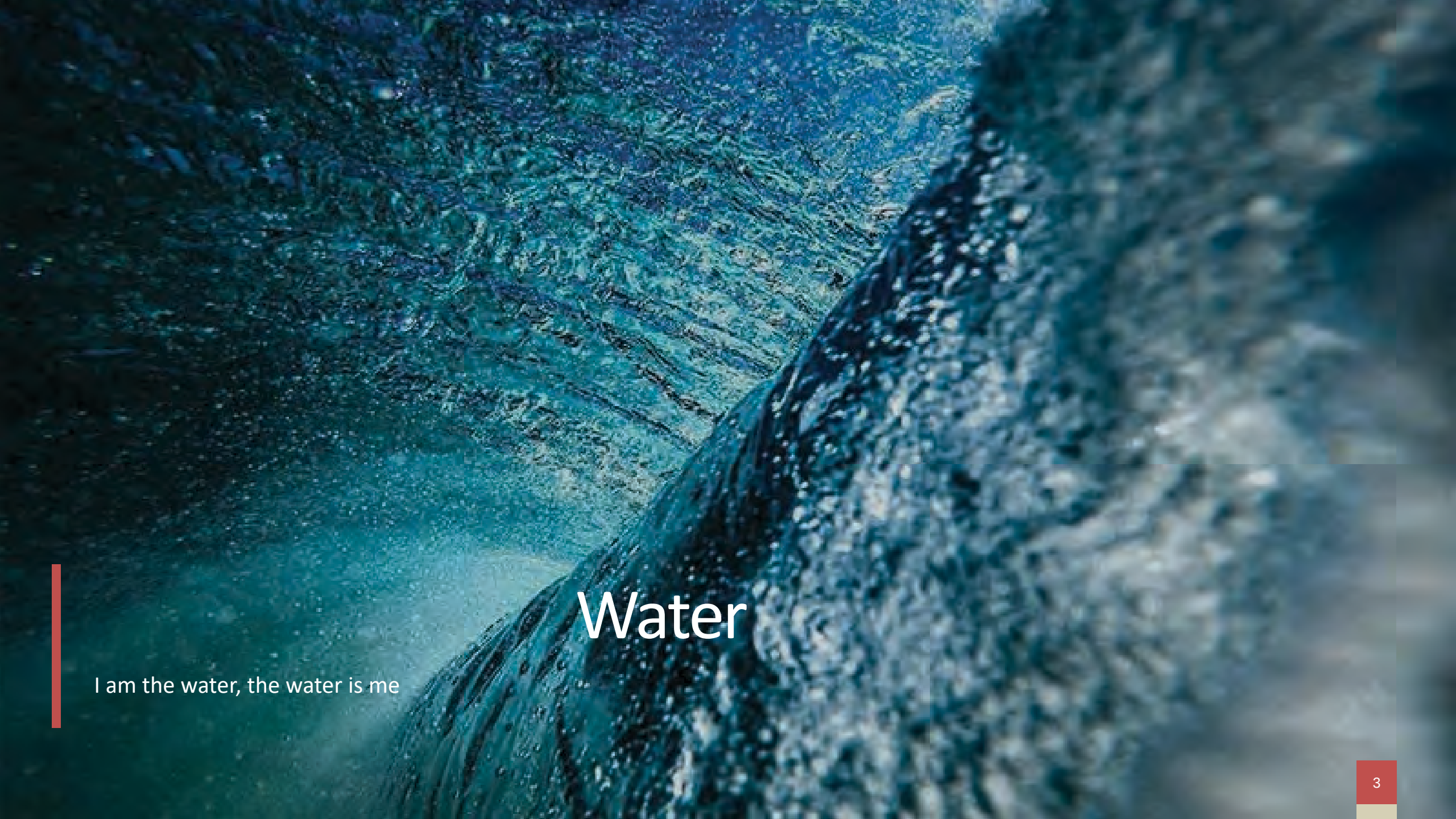
Indigenous Wellness Research Institute (IWRI) National Center of Excellence

Dr. Karina L. Walters, MSW, PhD (Co-Director)
Dr. Tessa Evans-Campbell, MSW, PhD (Co-Director)

Iwri.org

Sharing through the Elements

1. Water-I am the water, the water is me- preparing/cleansing
2. Land- I am the land, the land is me- where and how we stand
3. Air/Wind– Transformation, balance, re-balancing
4. Fire- life and living- Honoring our responsibilities



Water

I am the water, the water is me

KARINA WALTERS (CHOCTAW) & TESSA EVANS-CAMPBELL (SNOHOMISH)

Both 1st generation college grads

Met in Grad school at UCLA – child welfare and adult mental health/clinical

Both served as commissioners for AIANs- LA County, ICWA, CPC and MH Task Force; both practitioners

Came to UW in 2001

Started Native Wellness Research Center- 2001-2005

BECOMING IWRI: 2005-2012

Provost funded **IWRI** in 2005 under **Global Health Initiative**.

- $ + 3 senior cluster hires + endowment development-commitment to community

Directed and staffed almost entirely by AIAN, IWRI links the UW's research, education, and training resources to indigenous communities locally--internationally.

IWRI's **mission** is to marshal community, tribal, academic, and governmental resources toward innovative and collaborative social and behavioral science research and education.

IWRI **values** indigenous sovereignty; collaborative community-led partnerships; the resistance, resilience, and strength of indigenous peoples; and the unique contribution of indigenous knowledges to health research, practices, and wellness.

IWRI's research emphasis is on decolonizing and indigenizing methodologies and approaches

IWRI EXPANSION 2005-2012

By 2005– explicit CBPR, decolonizing and indigenizing foci

We launched in 2006 our community outreach and vowmaking through a university ceremony and gathering-over 600 people and tribal leaders attended-there we made a vow to the community and shared a 5 minute film we developed and produced (see iwri.org for Return to Wellness video)

We continued to build coalitions-with regional tribes as well as nationally (e.g., NCAI, serving over 250 tribes) and attended community meetings

Hired 2 Native faculty- Dr. Bonnie Duran (CBPR) and Dr. Jordan Lewis

Developed tribally supported research protocols, data sharing agreement templates

Developed and hosted the *International Indigenous Health Knowledge Development Conference,* bringing together over 800 practitioners, scholars, policy makers and tribal leaders from the US, Hawaii, Canada, Australia and New Zealand

Developed infrastructure: Research, Research Training, and Community Engagement Cores

LAND

I AM THE LAND, THE LAND IS ME:

WHERE AND HOW WE STAND MATTERS-CULTIVATING PARTNERSHIPS

TRIBAL PARTNERSHIPS- WE HAVE OVER 120

Our **rationale for tribal and AIAN community partnerships** has centered on ensuring partnerships across representative geographic regions and critical national tribal representative organizations such as:

- ***National Congress of American Indians*** (NCAI; which represents governing body for over 250 tribes)
- ***National Indian Health Board*** (NIHB; which represents governing board for tribal health across country);
- ***American Indian Higher Education Consortium*** (AIHEC; which represents the governing operations for all **36 tribal colleges and universities (TCUs)** in the country
- ***Affiliated Tribes of Northwest Indians (ATNI)*** which represents over 53 tribes in the Pacific Northwest corridor, including tribes from Northern California up through Washington.

Now we have over 120 tribal and AIAN partnerships (e.g., Choctaw Nation of Oklahoma)

We have formal institutional partnerships with international indigenous partners such as Te Atawhai O te Ao (Maori Environmental Health Center), the Canadian Institutes of Health Research (CIHR), Health Research Council (HRC)-New Zealand, aboriginal Health Research Networks Secretariat-Canada, National Aboriginal Health Organization (NAHO)-Canada, and James Cook University in Australia, University of Auckland and University of Waikato, and Te Kotahi Institute of New Zealand.

IWRI CORE FACULTY & RESEARCH SCIENTISTS

2019: EXPANDED AND ADDED A DIVISION OF NATIVE HAWAIIAN AND OCEANIA AFFAIRS










2012-2020 ACCOMPLISHMENTS

IWRI coordinates over 19 active research and training projects (see iwri.org)

IWRI consolidated activities to form an efficient and robust center infrastructure with 2,393 network members on social media

Quarterly newsletter to over 2000 members & active facebook page and website.

IWRI investigators have generated over $57 million in research funding, with 48 grants (37 NIH funded, 11 R01s) and produced over 250 publications. that address health and health equity in the areas of diabetes, obesity, HIV/AIDS, CVD, mental health (PTSD), health services, trauma and violence and alcohol and substance abuse prevention among AIANs.

Mentored over 410 AIAN/Indigenous scholars across 10 training programs (7 NIH funded) at all levels with a 99% retention rate.

Notably, our Indigenous HIV/AIDS Research Training (IHART) fellows have submitted 57 grants (47 funded) and 201 peer-reviewed publications.

We **house a large research data repository of over 19 research studies** at IWRI, including data from the largest social epidemiologic study ever in "Indian Country" (22 Tribal Colleges and Universities; *N* = 3,202).

Collectively, our investigators have provided over 720 keynote and conference presentations and participated in over 25 national research training programs.

We now have 10 onsite staff (9+ offsite) and 7 core IWRI faculty (5 SSW faculty).

Created a secure data repository and repository for other archival and measurement materials

Created curriculum and intervention protocols for CVD prevention, treatment of depression, screening and treatment of PTSD, HIV/STI risk prevention, & alcohol and substance abuse treatment and prevention

Host an annual writing retreat with 40+ AIAN scholars across 5 of our NIH funded research training programs

Conduct year-round outreach initiatives to AIAN students at the high school and undergraduate levels.

Provide research internships and consultation to tribal communities regarding health equity, research development, and developme of tribal research ethics and protocols

THEMATIC FOCUS 2012-2020

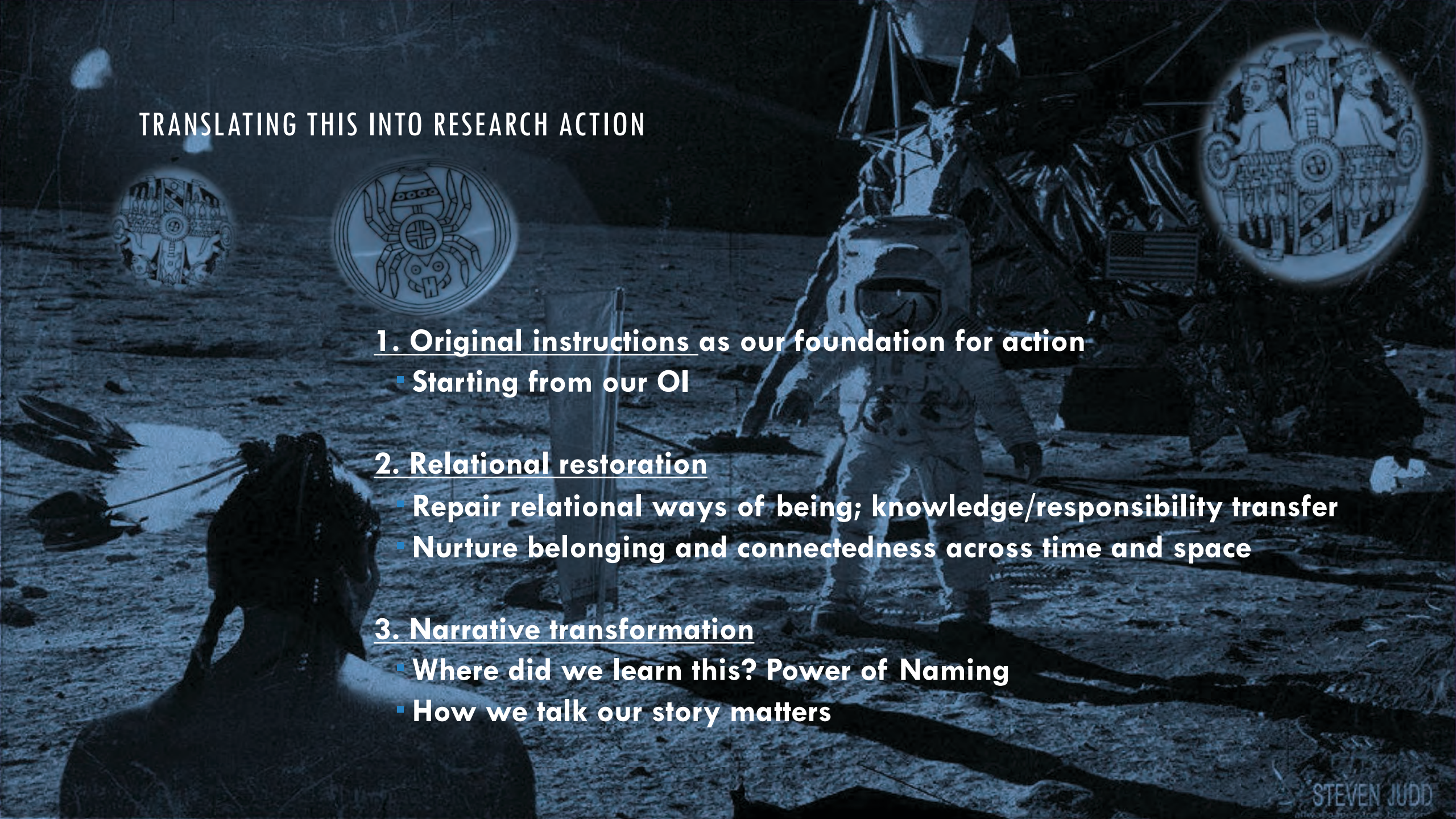
IWRI's thematic focus is on eradicating chronic health conditions that disproportionately affect AIANS (e.g., substance abuse, cardiovascular disease, diabetes, HIV/AIDS) and is grounded in the theoretical and empirical work of IWRI's leaders- e.g., Indigenist stress-coping model

Emphasizes the importance of historical, cultural, spiritual, and social context in addressing AIAN health needs, as well as the co-occurring factors of violence, substance use, and psychological distress that affect health.

Funded by NIMHD, the P60 (*P60 MD006909*) branded IWRI as one of 16 National Comprehensive Center of Excellence (COE) devoted to minority health, only one of two devoted to AIAN health and health disparities research and dedicated to developing a cadre of NIH-funded AIAN behavioral scientists, and the only social work-based center in the country.

Health promotion interventions; cultural adaptation and culturally derived intervention development

TRANSLATING THIS INTO RESEARCH ACTION



1. Original instructions as our foundation for action
   - Starting from our OI

2. Relational restoration
   - Repair relational ways of being; knowledge/responsibility transfer
   - Nurture belonging and connectedness across time and space

3. Narrative transformation
   - Where did we learn this? Power of Naming
   - How we talk our story matters

Goals:

- Design & validate a new training for the conduct of ethical research with AIAN communities.
  - rETHICS is grounded in indigenous knowledge and values to address concerns related to conducting ethical research with Native communities
- Disseminate the curriculum to tribal committees, Universities and IRB for immediate use

R01HD082181, Pearson, C.

Accomplishment:

- *Developed*: A team of indigenous community members and scholars, ally scholars, IRB administrators, and indigenous leaders oversaw the content.
- *Tested*: Compared rETHICS curriculum with the standard CITI curriculum among 490 American Indian & Alaska Natives across the U.S.
- *Results*: rETHICS trainees had higher knowledge, self-efficacy applying knowledge to protocol review, and overall satisfaction than those who took the standard CITI curriculum.
- *Disseminated:* Released March2018

Contact Cynthia Pearson:
pearsonc@uw.edu

TCU Student Alcohol, Drugs & Mental Health Epidemiology Survey

2013 – 2016 at 22 TCU: N = 3,229

Funded by the National Institute on Minority Health and Health Disparities, Award #5P60MD00690

TCU Student Brief Alcohol Screening and Intervention for College Students

2013 – 2018 at 7 of 22 Survey TCU: N = 997

Funded by the National Institute of Alcohol Abuse and Alcoholism, Award #5R01AA022068

MAHINA RESEARCH TRAINING PROGRAM

T37 MD 006909-01 ***MĀHINA (MOON)***-- *I RARO I TE ATARAU KAROHIROHI: E WHAKATERE HAERE ANA NGĀ WAKA I TE MOANA-NUI-Ā-KIWA (BY THE SHIMMERING LIGHT OF THE MOON: (INDIGENOUS) SEA VESSELS ARE NAVIGATING THE SHARED WATERS AND KNOWLEDGES OF THE PACIFIC OCEAN)*

LIGHTING UP NATIVE ASPIRATIONS (LUNA)
FOR HEALTH RESEARCH CAREERS

This program provides a unique interdisciplinary training opportunity in Indigenous health and health disparities research. Focus: Post doc, early career investigators-Trainees will have access to scientific mentors across fields (e.g., life sciences, neuroscience, psychology, public health) as well as in-depth experiences with critical substantive training areas that they may not have exposure to in more traditional biomedical, clinical, or behavioral research programs. International sites and preceptors include:

Kathmandu University (KU), Nepal – Dr. Biraj Karmacharya, MBBS, MSc, MPH, PhD

Universidad Peruana Cayetano Heredia (UPCH), Peru – Dr. Roberto Orellana, MSW, MPH, PhD

Asociación IDEI (Association for Investigation, Development and Integral Education), Guatemala –

Dr. Roberto Orellana, MSW, MPH, PhD

University of Hawai'i' at Manoa (UHM), Hawaii – Dr. J. Keawe'aimoku Kaholokula, PhD

INTERNATIONAL INDIGENOUS RESEARCH TRAINING PROGRAM

12-WEEK INTERNATIONAL RESEARCH PROGRAM FOR AMERICAN INDIAN, ALASKA NATIVE, NATIVE HAWAIIAN, NATIVE NEPALI, AND OTHER INDIGENOUS PRE- AND POST-DOCTORAL STUDENTS AND EARLY CAREER SCHOLARS.

International Site Locations: Peru, Guatemala, Nepal

Trainees will have the chance to engage in training that is culturally grounded in Indigenous theoretical and methodological health research and will have access to Indigenous research mentors and role models to help build their research skills and long-term career goals. LUNA Program overview: *http://bit.ly/luna-program*

LUNA PROVIDES FUNDING FOR TRAINEES

- International and domestic airfare
- Travel
- Housing Stipend
- Tuition

Eligibility:

This program is open to graduate level pre-doctoral and medical trainees and post-doctoral and *early career scholars* (e.g., biomedical, behavioral, clinical or social sciences students with a health focus). For other eligibility criteria, please go to *http://bit.ly/luna-eligibility*

Applications: http://iwri.org/luna

Questions: lunaprogram@uw.edu

APPLICATION DEADLINE: MARCH 29, 2020 @ 11:59PM PACIFIC TIME

Indigenous Wellness Research Institute · Cayetano Heredia · IDEI · University of Washington

LUNA is supported by funding from the National Institute of Minority Health and Health Disparities of the National Institutes of Health under Award Number 1T37MD014208-01.

YAPPALLI:
CHOCTAW ROAD TO HEALTH

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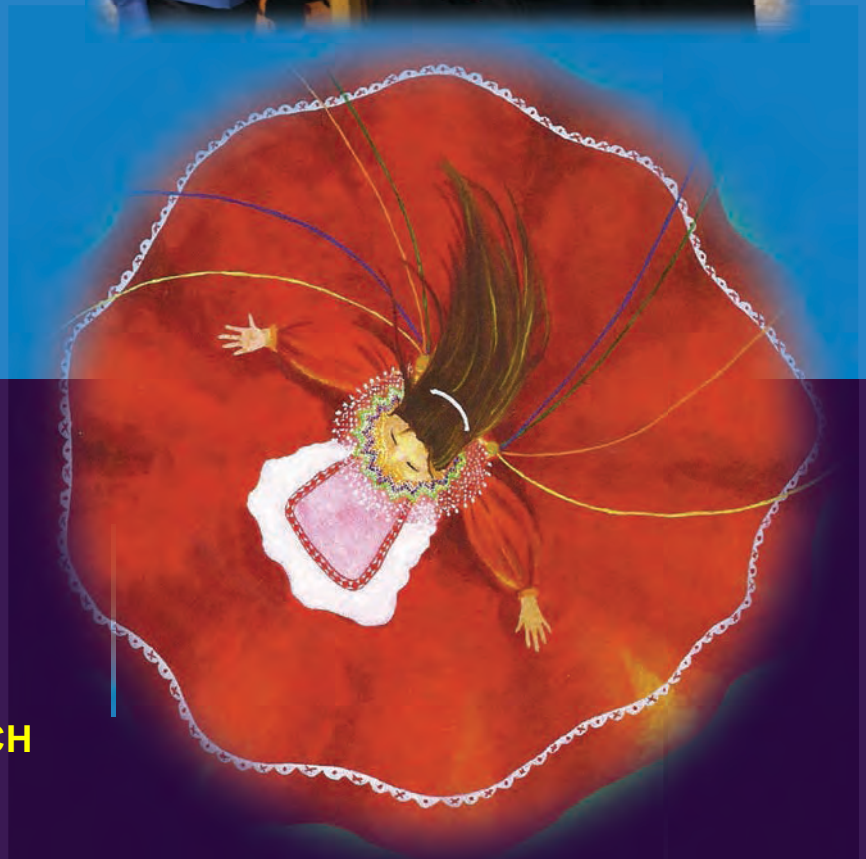


Choctaw Nation of Oklahoma Team

Sandra Stroud, BA (Choctaw), Yappalli Project Director

Kristi Brooks, LCSW (Choctaw), Yappalli CNO Co-PI, CNO Director, Behavioral Health

Rachel Davis, BA (Choctaw), Yappalli Coordinator

*Kari Hearod, MSW (Choctaw)- acknowledgement of her development of this project

University of Washington-IWRI Team

Karina L. Walters, PhD (Choctaw), Yappalli Principal Investigator, Director IWRI

Rebecca Marin Cordero, PhD, Yappalli-IWRI Program Director

*Katie Schultz, MSW, PhD (Choctaw), UW-IWRI-RA in beginning of study

Danica Brown, MSW, PhD (Choctaw), IWRI— Dissertation project

Univ of Minnesota-RICH Team

Michelle Johnson-Jennings, PhD (Choctaw), Yappalli Co-Principal Invesitagor, Director RICH

Miigis Gonzalez, MPH (Ojibwe), UM-RICH, Doctoral Student, RA

DEVELOPMENT OF YAPPALLI

2011 CNHSA Director noted that by 2050, 1 out of 3 Choctaw children are projected to have Type II diabetes

70% of the Choctaw Nation will be obese

And, for the first time in Choctaw history, parents will outlive their children- an unconscionable situation


Along the
Memphis to Little Rock
Military Road

TRAIL OBSERVATIONS

Importance of experiential –Transforming the trauma

"I heal others when I keep or make myself healthy"

Relational healing and Reconnecting-to land and ancestors

Narrative Transformations-Choctaw-specific understandings of health emerged--Shilombish and PTSD

YAPPALLI INTERVENTION : DEVELOPING COMMUNITY HEALTH LEADERS

NIDA **R01DA037176-01**

150 Choctaw women from tribal districts (30 per 5 districts)

Health Leadership Model to Facilitate individual and community-level changes

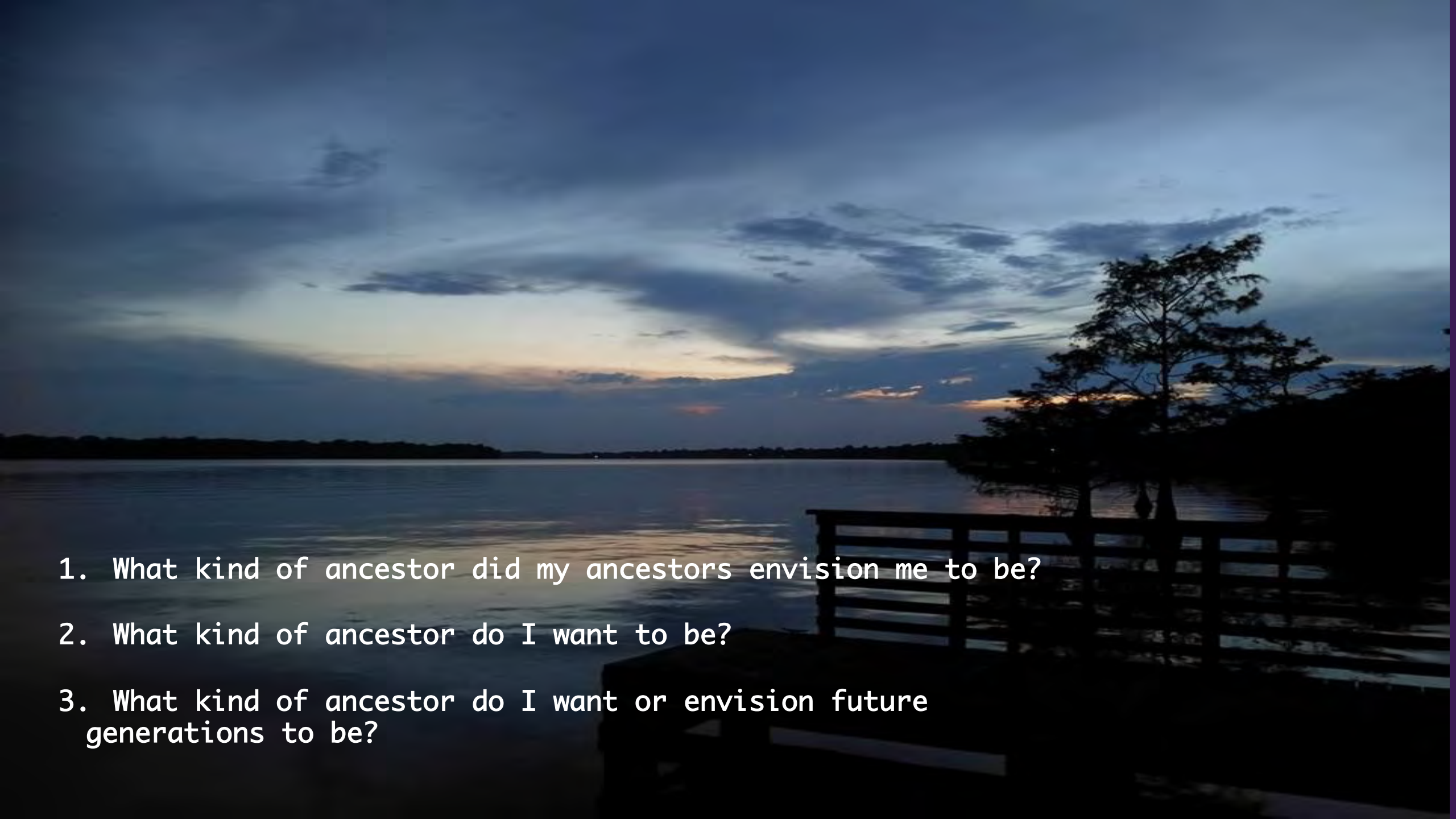
2 month preparation/curriculum before 10-day walk

Ancient iksa to guide health change model and steps toward healing

Naming ceremony and initiation into “societies” for health within all districts

Start with women to restore balance and health-traditional and family oriented

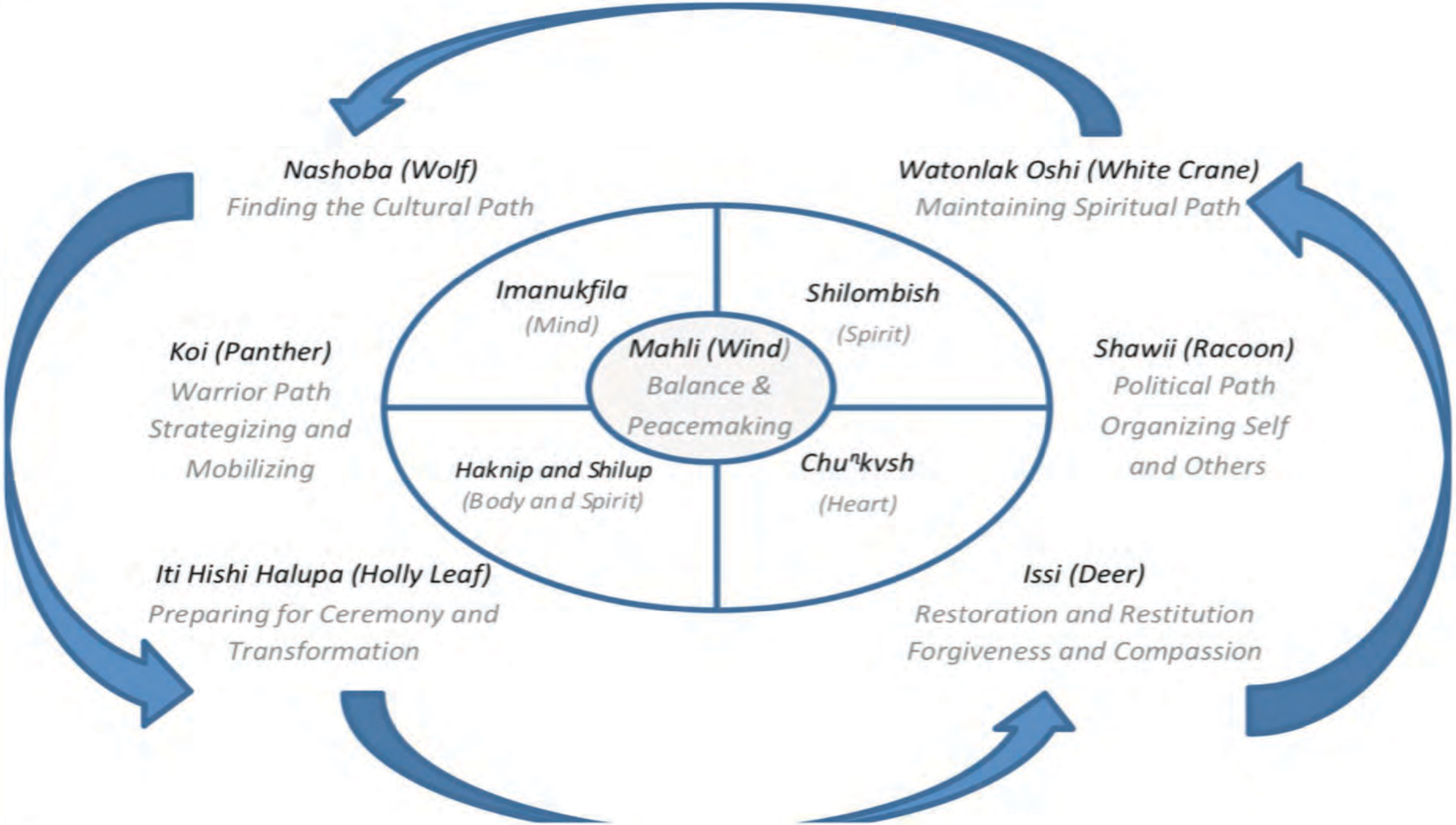
Added qualitative post-walk component



1. What kind of ancestor did my ancestors envision me to be?

2. What kind of ancestor do I want to be?

3. What kind of ancestor do I want or envision future generations to be?


Nashoba (Wolf)
Finding the Cultural Path
Watonlak Oshi (White Crane)
Maintaining Spiritual Path
Imanukfila
(Mind)
Shilombish
(Spirit)
Koi (Panther)
Warrior Path
Strategizing and
Mobilizing
Mahli (Wind)
Balance &
Peacemaking
Shawii (Racoon)
Political Path
Organizing Self
and Others
Haknip and Shilup
(Body and Spirit)
Chuⁿkvsh
(Heart)
Iti Hishi Halupa (Holly Leaf)
Preparing for Ceremony and
Transformation
Issi (Deer)
Restoration and Restitution
Forgiveness and Compassion


Wind
Transformation

2020-2030:
INDIGENOUS WELLNESS RESEARCH INSTITUTE AND COMMITMENT TO ADVANCING ENVIRONMENTAL HEALTH DISPARITIES AND CLIMATE CHANGE RESEARCH IN INDIAN COUNTRY

IWRI will continue focus on chronic disease conditions disproportionately affecting IP (e.g., diabetes, obesity, cardiovascular disease, PTSD, substance abuse) along with a…

Focus on environmental health research that takes an integrated, multi-level, multi-domain systems approach to assessing and mitigating environmental health disparities for Indigenous Populations (IP) in vulnerable environments.

Particular focus for IP living in climate change sensitive regions (e.g., coastal flood zones) as well as those living in environmental systems degraded by environmental hazards (e.g., toxins, pollutants)

IP have sacred, cultural and subsistence connections to their territories, any environmental losses can threaten cultural survival and corresponding physical, cultural, mental, and spiritual health.

Timely because IP communities projected to be first hit with climate change impact that could lead to permanent community displacement and associated health distress

Need to contribute to national efforts to reduce environmental health disparities (EHD), generate innovative approaches to mitigate EHD and climate change stressors, improve mental and physical health outcomes, and ultimately promote Indigenous health and wellbeing.

86% of Alaska Native villages are under imminent CC threat, 31% qualify for permanent relocation

In PNW, water temperatures have led to salmon and other sea life decline- next 40 years salmon and shellfish habitats will be lost leading to interconnected species losses including orca whales, vital to economic and cultural health of PNW AIANs

In SE tribal regions in Louisiana- Isle de Jean Charles, an island that has lost 98 percent of its land area since 1955

DUAL FOCUS

Generate culturally derived EHD prevention and intervention efforts to mitigate hazardous climate health impact on IP as well as cultivate environmentally grounded approaches for EHD prevention, particularly with respect to chronic disease conditions such as obesity, diabetes, substance abuse and mental health conditions.

As need to intervene in IP communities rise, we must ensure that the development of EHD prevention and intervention approaches are using the most rigorous EHD science coupled with Indigenous Knowledges and methodologies.

Multidisciplinary, community based participatory research to generate innovative approaches to mitigate EHD and CC-related stressors and improve access to healthful and sustainable environments for IP communities is timely and warranted.

NATURE IS MEDICINE: LAND BASED HEALING

Place-based interventions rooted in experiential learning-in-the-environment are compatible with Native epistemologies and can enhance prevention efforts and health outcomes as well as reinforce communal, sustainable practices.

Growing body of research shows that time spent in nature improves psychological health, lowers anxiety, improves cognition, and activates feelings of nature connectedness and stewardship; and stimulates caring behaviors.

Culturally, connection and relationship with water/land is an essential activity and not only reconnects one to the earth, but serves to fulfill cultural responsibilities and ancient teachings; therefore, land is proposed as a environmental determinant to health and a possible tribally-governed solution to improving diet, exercise.

These practices have represented lifeways and well-being for millennia- hence the proverb- “I am the land, the land is me.”

Many are developing culturally based outdoor activities to stimulate healthful, culturally-based activities and model in situ behaviors of healthful living based on ancestral lifeways while at the same time ensuring transmission of traditional ecological knowledge and lifeways to the next generation (e.g., Choctaw and harvesting heirloom seeds).