



Connecting Prevention Specialists to Native Communities



What is Cultural Connectedness?

Cultural Connectedness refers the “extent to which each Indigenous or First Nations person is integrated within their native culture.” Much of indigenous resilience and wellness is linked to the importance of community, family, and cultural values. However, the degree to which an individual is connected to their root culture can vary.

Three key categories of cultural connectedness include:

- 1. Spiritual Activity;*
- 2. Cultural Identity;*
- 3. Traditional Activity.*

The Cultural Connected Scale (CCS) is a tool developed to evaluate the degree individuals are connected to their root culture. This article will outline the best practice guidance and context of utilizing a CCS.

Much research has shown that positive connections to self, family, community, and the natural environment increase resiliency in Native communities. Strengths-based and community-based approaches are particularly important in a Native American context because they enable Native communities to “reclaim and reaffirm Native ways of knowing and being.”

Cultural connectedness does not only begin to mitigate the harm of adversity and historical trauma, it enhances mental wellness (also referred to as “prosocial”). Strength-based and community-based approaches are distinct from deficit-based approaches. In deficit-based approaches, interventions focus on “gaps” and “lacks” in a community/individual and the work of reducing the gaps. Whereas in strengths-based approaches, interventions focus on the identification of assets and the work of enhancing and expanding those assets.

Other terms include “enculturation,” “cultural continuity,” and “acculturation.”

Why is Cultural Connectedness Important for Substance Abuse Prevention Specialists?

Many evidence-based curricula for successful substance abuse prevention in Native youth depends on cultural values and beliefs as the foundation of the curricula. Concepts such as balance, relation with nature, humility, etc. are known to be protective factors for a wide range of health concerns (gender-based violence, substance misuse, and mental health and wellness) in indigenous communities. However, it is critical to know how connected a particular subgroup is to their cultural identity/ identities before moving forward with a curriculum. If a subgroup scores low on a CCS, a prevention specialist may need to assist in facilitating culture promoting activities (with the guidance of the community) before (or at least in conjugation with) implementing a specific substance abuse prevention curriculum.*

*** “‘identity’ refers to any ‘identity’—including the self-identities of individual persons, and the shared cultural identities of whole communities.”**





Framing Cultural Connectedness

Cultural connectedness brings together cultural humility and health literacy to help health promotion workers, substance abuse prevention specialists and their clients develop shared understanding of each other's values, beliefs, needs, and priorities.

The evaluation framework for cultural connectedness includes a spectrum of community and self-identity ranging from traditional to bicultural and assimilated. Each tribal group has their own unique history and relationship with traditional culture/knowledge--pow wows vs. pow wows and canoes, etc. With this in mind, if a CCS is used, it needs to be used with the guidance of the community. The importance of community directed approaches can be justified in grant proposals.

Community belonging and community acceptance are subcategories in cultural connectedness that substance abuse prevention specialists may consider investing extra resources in understanding.

Often the urban indigenous experience is often overlooked in health promotion and substance abuse prevention. "The population as a whole is highly mobile; individuals may travel back and forth between their tribal communities or reservations on a regular basis. Generally, urban Native American peoples are spread out within the urban center rather than localized within one or two neighborhoods. Thus, they are often not easily seen or recognized by the wider U.S. population. This "invisible" Native population makes up more than 71% of all American Indian and Alaska Natives living in the United States, this is really important to note when trying to collaborate and partner with the Urban Indian population and recognizing their difference from tribal communities.



How to promote Cultural Connectedness as a Substance Abuse Prevention Specialist

Firstly, promotion of cultural connectedness and any other corresponding activities should only take place at the direction of the community's leadership. Each community may have varying priorities for cultural continuation and specific needs in the ways cultural continuation and connectedness are done. This can be done through a community advisory board.

Although prevention specialists are not carrying out research, Community-Based Participatory Research (CBPR) may also be a useful model for prevention efforts with Native communities. A community's sovereignty and right to self-determination are critically important to discontinuing colonialist and paternalistic nature mainstream health promotion work.

Useful principles of CBPR for indigenous communities include:

- 1. Recognizing community as a unit of identity*
- 2. Acknowledging historical experience with research and health issues and working to overcome the negative image of research*
- 3. Recognizing traditional sovereignty*
- 4. Building on strengths and resources within the community*
- 5. Integrating knowledge and action for mutual benefit of all partners*
- 6. Differentiating between tribal and community membership*
- 7. Understanding community diversity and its implications*
- 8. Planning for extended timelines to allow for multiple review and approval processes, to provide time to establish trust and cross-cultural understanding, and to respect local activities.*
- 9. Recognizing key gatekeepers*
- 10. Preparing for leadership turnover*
- 11. Interpreting data and information within the cultural context*
- 12. Utilizing indigenous ways of knowing including culturally, tribal-specific knowledge, "unique spiritual and philosophical beliefs"*

Non-native prevention specialists may experience more challenges compared to by-and-for prevention specialist when working collaboratively with a Native community. A justified reluctance in working with outside agencies may exist. Depending on the local history, tribal communities may have experienced non-native health workers operating in a variety of harmful ways. For example, from a deficit rather than strength-based approach; with a disregard for community knowledge, and "parachuting" in and out of the community as outside agencies gain and lose interest in the tribal community.

Cultural Humility as a Non-Native Prevention Specialist

Cultural humility is a perspective that involves practicing lifelong learning, exercising self-reflection and critique, recognizing the dynamics of power and privilege, it involves developing a respectful partnership with diverse individuals and communities and creating relationships that benefit all involved and empower those we are working with. It does not require us to be competent in other's cultures rather It involves accepting our limitations and being comfortable with not knowing.

Cultural Humility Values

1. Openness
2. Appreciation
3. Acceptance
4. Flexibility



Additional Resources

Snowshoe A, Crooks CV, Tremblay PF, Craig WM, Hinson RE (2014). Development of a Cultural Connectedness Scale for First Nations Youth. *Psychological assessment*. 27. 10.1037/a0037867.

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Please check our website pttcnetwork.org/native for more resources.

Sources

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