

# Engaging the Strength of Family to Promote Lifelong Health: Lessons from the First Americans Proceedings from a National Symposium

May 1, 2017

Feinstone Hall | Johns Hopkins  
Bloomberg School of Public Health  
Baltimore, MD

Presented in partnership by:  
Johns Hopkins Center for American Indian Health,  
Native American Fatherhood & Families Association, and  
Casey Family Programs



**About the Johns Hopkins Center for American Indian Health:**

Established in 1991 at the Johns Hopkins Bloomberg School of Public Health, the Center for American Indian Health has offices in tribal communities across the Southwest. It is one of the largest national resources dedicated to improving the health and well-being of American Indians and Alaska Natives. The Center has achieved landmark public health breakthroughs in partnership with tribes that have contributed to saving more than 60 million lives worldwide, and its innovative programs are now reaching over 100 tribal communities across 15 states, promoting health of children and families, while addressing critical issues such as early childhood development, obesity, suicide, substance abuse, HIV/AIDS, access to healthy food and education attainment. A core part of the Center’s mission is training—Native Americans who will assume leadership in health and education for their tribal communities and beyond—and building awareness regarding needs, strengths, and critical cultures and values systems.

Johns Hopkins Center for American Indian Health  
415 N Washington St, 4<sup>th</sup> floor, Baltimore, MD 21205  
Ph: (410) 955-6931  
[AmericanIndian.jhu.edu](http://AmericanIndian.jhu.edu)

**About Native American Fatherhood & Families Association (NAFFA):**

Established in 2002, Native American Fatherhood & Families Association (NAFFA) works with over 185 tribes across the country and has trained over 863 certified facilitators who are helping approximately 20,000 fathers and mothers with limited assistance from federal or state funds. Based in Arizona, NAFFA provides programs to strengthen Native American families through responsible fatherhood and motherhood. These unique programs create a passion in parents to take a leadership role in keeping families together. Through their programs’ success, NAFFA has found that their purpose and methods extend to people of all ages, cultures, and backgrounds.

Native American Fatherhood & Families Association  
460 N. Mesa Drive Ste. 115 Mesa, AZ. 85201  
Ph: (480) 833-5007  
[NativeAmericanFathers.org](http://NativeAmericanFathers.org)

**About Casey Family Programs:**

Casey Family Programs is the nation’s largest operating foundation focused on safely reducing the need for foster care and building Communities of Hope for children and families across America. Casey’s mission is to provide and improve — and ultimately prevent the need for — foster care. Casey is committed to 2020: Building Communities of Hope, a nationwide effort to improve the safety and success of children and their families, and is working to safely reduce the need for foster care by 50 percent by the year 2020, demonstrate how every child can have a safe and permanent family, support more effective investments in children and families, and encourage a shared vision for success.

Casey Family Programs  
2001 Eighth Avenue, Suite 2700, Seattle, WA 98121  
Ph: (206) 282-7300  
[casey.org](http://casey.org)

# TABLE OF CONTENTS

---

- Executive Summary.....5
- Introduction .....7
- Conference Proceedings .....8
  - Opening Blessing .....8
  - Welcome .....8
  - Keynote .....8
  - Panel 1: Sacred Families, Healthy Children: How the Roots of Indigenous Culture Promote Health and Resilience.....9
    - Fatherhood and Motherhood are Sacred.....9
    - The Early Roots of Health Ann Bullock, MD (Minnesota Chippewa), Indian Health Service (IHS) ...9
    - There is No (Ojibwe) (Navajo)...word for Foster Care..... 10
  - Panel 2: Engaging Families Across the Lifespan .....12
    - “Family Spirit” Early Childhood Intervention ..... 12
    - Linking Generations By Strengthening Relationships..... 12
    - Promoting Health with Anishinabe Families ..... 13
  - PANEL 3: Parenting as Medicine Against Toxic Stress, Trauma and Substance Use: Best Practices14
    - Strengthening Families, Middle School Children and Parents ..... 14
    - Supporting Parent-Child Relationships as Buffers of Toxic Stress in Young Children ..... 15
    - Resilience and Family-Based Approaches to Promoting Wellness..... 16
- Closing and Next Steps .....18
- References.....19
- Appendix A: Speaker Biographies .....21
- Appendix B: Conference Agenda.....24
- Appendix C: Video .....25
- Appendix D: Acknowledgements.....26

It is a privilege and honor to share the proceedings of this national conference dedicated to exploring effective, family-based approaches to promoting Native American health and well-being. The conference, entitled *Engaging the Strength of Family to Promote Health across the Lifespan: Lessons from the First Americans*, featured a keynote and closing address, and three panels of experts from across the country. Over 300 people participated in person or via webcast to learn about and share evidence-based practices and reaffirm the need for expanding culturally relevant, family-based programming to overcome health disparities in Native American communities. Our goal in reporting the proceedings is to anchor this conference as a point of departure to move the field forward through continued generation of knowledge, policy, and best practices to improve the health and well-being of Native peoples, and by extension, the planet.

With respect and appreciation,

Allison Barlow, MPH, PhD  
Director  
Johns Hopkins Center for American Indian Health  
[abarlow@jhu.edu](mailto:abarlow@jhu.edu)

Albert Pooley, MSW, MPA  
President  
Native American Fatherhood &  
Families Association  
[apooley@aznaffa.org](mailto:apooley@aznaffa.org)

# EXECUTIVE SUMMARY

---

On May 1, 2017, the Johns Hopkins Center for American Indian Health (JHCAIH), the Native American Father and Families Association (NAFFA), and Casey Family Programs convened a daylong national symposium entitled, *Engaging the Strength of Family to Promote Lifelong Health: Lessons from the First Americans* at the Johns Hopkins School of Public Health in Baltimore, Maryland.

## Background and Need

Native Americans living on reservations today suffer the poorest health, socioeconomic, and educational status of any ethnic or racial group in the United States and remain the most underserved (1-3).

However, the traditional strengths and value systems of Native societies historically supported extended family networks as the nexus of strength and well-being for both individuals and the communities at large. There is an opportunity to break intergenerational cycles of despair that have resulted from historical and modern trauma by building, evaluating, and disseminating evidence-informed, culturally driven family-based interventions across the lifespan (4-6).

The conference was designed to share effective family-based strategies for improved individual and community health and well-being. It featured expert researchers and practitioners from across North America including indigenous health leaders, representatives from top academic institutions dedicated to Native health, and Indian Health Service leadership.

The speakers outlined the constellation of public health issues facing tribal communities today and presented comprehensive, evidence-based family-based interventions, policies, and systems of care to renew Native health and well-being.

## Presentation Highlights

Keynote Presentation: Mr. W.J. Strickland (Lumbee Tribe of Pembroke) opened the conference with a blessing. Following this, Donald Warne, MD, MPH (Oglala Lakota), Professor and Chair of the Department of Public Health at North Dakota State University, and Senior Policy Advisor to the Great Plains Tribal Chairmen's Health Board, gave a keynote address on historical trauma and adverse childhood experiences among American Indians. He stressed the importance of acknowledging and understanding the long-term impact of Native Americans' historical experiences and embracing cultural traditions that are protective of individual, familial and public health. Dr. Warne advocated for the need to address health and related issues in a comprehensive, integrated manner through the medical, mental, and public health systems. He also pointed to the need to build a stream of Native American public health professionals as the most efficient, effective means to address tribal health issues. Finally, he called an increase in the workforce of community health workers and home visitors to deliver family-based programs.

Following the keynote address by Dr. Warne, three panels explored special topics related to engaging dimensions of family to promote health across the lifespan.

Panel 1: **"Sacred Families, Healthy Children: How the Roots of Indigenous Culture Promote Health and Resilience"** grounded the discussion in Native culture and value systems that promote positive child and family development. Panelists explored the damaging impact that historical traumas—such as forced relocation, the oppressive boarding school era, and negative foster care programs—has had on family systems and individual's health across the life span. Speakers suggested solutions such as a focus on re-engaging fathers in Native family life; the promise of early life interventions to prevent diabetes; and strengthening systems of child

welfare through public health approaches in Native communities.

**Panel 2: Engaging Families Across the Lifespan** focused on family-based intervention and evaluation approaches. Speakers discussed the rigorously evaluated Family Spirit early childhood home-visiting intervention designed for and by Native American communities. Others explained how promoting positive relational experiences among family members and with one's heritage and ancestry can buffer children and adults against adverse events, while promoting resilience and hope. Speakers also discussed how to measure the protective value of children's extended kinship networks, social support, cultural identity, and other related protective factors.

**Panel 3: Parenting as Medicine Against Toxic Stress, Trauma, and Substance Use** highlighted interventions supporting parents. One speaker presented a program that strengthens families with middle school children to protect youth from early substance use and abuse, while building powerful life skills and positive cultural identity. Another presentation laid out the theoretical and practical basis for building parenting skills and practices to promote resiliency in their children.

#### Closing:

Rear Admiral Chris Buchanan (Seminole Nation of Oklahoma), Acting Director of Indian Health Service, concluded the conference. He reaffirmed the interconnected nature of family relationships and health outcomes as well as the need for interdisciplinary collaborations. He acknowledged the health obstacles facing Native Americans, but expressed confidence in overcoming them with traditional knowledge as well as medical expertise. He challenged conference participants

to develop partnerships to bridge the Indian Health Service and public health efforts, strengthen health care delivery, and develop a pipeline for Native health professionals.

## Conclusions and Recommendations

The conference brought together an interdisciplinary group of experts and practitioners to explore what is working and how to improve programming and services for Native families across the nation. Specific recommendations include:

- Acknowledge the historical context underlying the social, behavioral, and mental health challenges that Native American youth, families, and communities face today.
- Act upon the rigorous evidence base that supports early childhood home-visiting and parent training as proven methods to reverse intergenerational stress and trauma.
- Improve systems to screen, detect, and intervene on childhood social, emotional, and behavioral issues as early as possible in the lifespan.
- Create training opportunities for paraprofessional and professional Native health workers to gain expertise in the child development and family systems fields of practice and research.
- Commit to fielding multi-disciplinary teams and approaches that engage communities and that are culturally grounded. Give overwhelming preference to protective factor approaches that affect change.
- Delineate sustainable funding streams, such as Medicaid reimbursement, to support health workers delivering family-based and home-based services.
- Translate research findings into tribal, state, and federal health policies.

# INTRODUCTION

---

Native Americans living on reservations today suffer the poorest health, socioeconomic and educational status of any ethnic or racial group in the U.S. and remain the most underserved (1-3).

More than 1 in 4 Native American children live in poverty (compared to the 2015 national average of 19%) (7). Native children have three times the chance of dying in youth, lower access to health care, less educational opportunity, and higher lifetime unemployment than other US children (2). Native Americans die at higher rates than other Americans from alcoholism (600% higher), diabetes (200% higher), unintentional injuries (150% higher), homicide (110% higher), and suicide (70% higher) (8). Present day disparities stand in stark contrast to pre-colonial status (9, 10). The earliest European explorers' diaries documented that when they arrived in North America, Native Americans were physically robust, lived long, healthy, and active lives, and were exceptional stewards of North American lands and the environment (11).

Native American health problems today stem from three root causes (12, 13):

- 1) A history of federal subjugation of tribal lands and cultures;
- 2) Difficult life conditions defined by high unemployment, poverty, and poor educational systems;  
and
- 3) A breakdown of nuclear and extended family networks exacerbating a loss of cultural and community identity.

The need for change is urgent and possible through a long-term, comprehensive commitment to creating public health strategies that build tribal communities' health leadership and sustainable, culturally driven programming. The Johns Hopkins Center for American Indian Health, the Native American Fatherhood & Families Association, and Casey Family Programs have been committed to this change, and therefore organized this conference to present successes in the realm of family-based interventions and to urge continued comprehensive practice, research, and policy in this promising domain for promoting the renewal of Native Americans' health and well-being.

The conference, held at the Johns Hopkins Bloomberg School of Public Health, featured thought leaders from across North America including indigenous health leaders, family and child development researchers, child and family advocates, and policy makers. Supported through partnership with Casey Family Programs and sponsorship from the Aetna Foundation, the conference highlighted findings from evidence-informed approaches to strengthen families for improved health outcomes and recommendations to increase support for Native American people through these programs.

Attendees included leaders from American Indian and Alaska Native tribes, national tribal organizations, private foundations, political leaders, Johns Hopkins faculty, students and staff, experts in advocacy for disadvantaged populations, and media professionals.

## **Proceedings Report**

This report and recommendations from this meeting of minds and hearts is intended to serve as a compendium of the issues and facilitate advocacy for advancing best practice, policy, and continued research.



## CONFERENCE PROCEEDINGS

---

### **OPENING BLESSING**

The conference began with a blessing from Mr. WJ Strickland (Lumbee Tribe of Pembroke), Senior Head Start Program Specialist, Office of Head Start.

### **WELCOME**

Allison Barlow, PhD, MPH, director of the Johns Hopkins Center for American Indian Health and Albert Pooley, MSW, MPA, President of the Native American Fatherhood & Families Association highlighted the importance of renewing the vitality of Native family practices and indigenous parenting culture to break the cycles of intergenerational despair precipitated by colonization and federal acts of acculturation. They highlighted the core values and traditional knowledge promoting family systems of care and well-being that can be renewed to achieve healthy futures for Native Americans. They thanked attendees for their dedication to Native health and their shared vision in strengthening Native families and communities.

*“The heart of our Native American culture is not the language, it is not the food, it is not the customs, it is not the dress. The heart of who we are is family.” – Albert Pooley, MSW, MPA*

### **KEYNOTE**

Donald Warne, MD, MPH (Oglala Lakota), Professor and Chair of the Department of Public Health in the College of Health Professions at North Dakota State University, and Senior Policy Advisor to the Great Plains Tribal Chairmen’s Health Board, gave the keynote address. Dr. Warne explained how historical trauma and Adverse Childhood Experiences (ACEs) have negatively affected the health and well-being of Native Americans.

Losses of culture, territory, and resources have had an impact on community well-being and on the health of families and individuals. Acknowledging these events and recognizing that unresolved



historical trauma has led to inter-generational modern day traumas and behavioral and mental health issues is key, according to Dr. Warne. Reservation-based Native Americans have the highest rates of ACEs in the United States and high rates of ACEs are linked with high-risk health behaviors as well as chronic diseases such as diabetes, heart disease, suicide, and early death (14). Dr. Warne also explained that social determinants—poverty, politics, inattention/neglect, racism, inequity—have resulted in the significant health disparities, education inequality, poverty, suffering and early death that Native Americans face today. Recognizing the need for systemic changes, Dr. Warne said health issues need to be addressed in a culturally tailored, comprehensive, and interdisciplinary manner through partnerships between medical, behavioral, and public health experts. He suggested growing the pipeline of Native public health professionals and increasing the workforce composed of community health workers and home-visitors. This could readily be done if their services become billable to Indian Health Service and Medicaid or Medicare.

## **PANEL 1**

### **SACRED FAMILIES, HEALTHY CHILDREN: HOW THE ROOTS OF INDIGENOUS CULTURE PROMOTE HEALTH AND RESILIENCE**

#### **Fatherhood and Motherhood are Sacred**

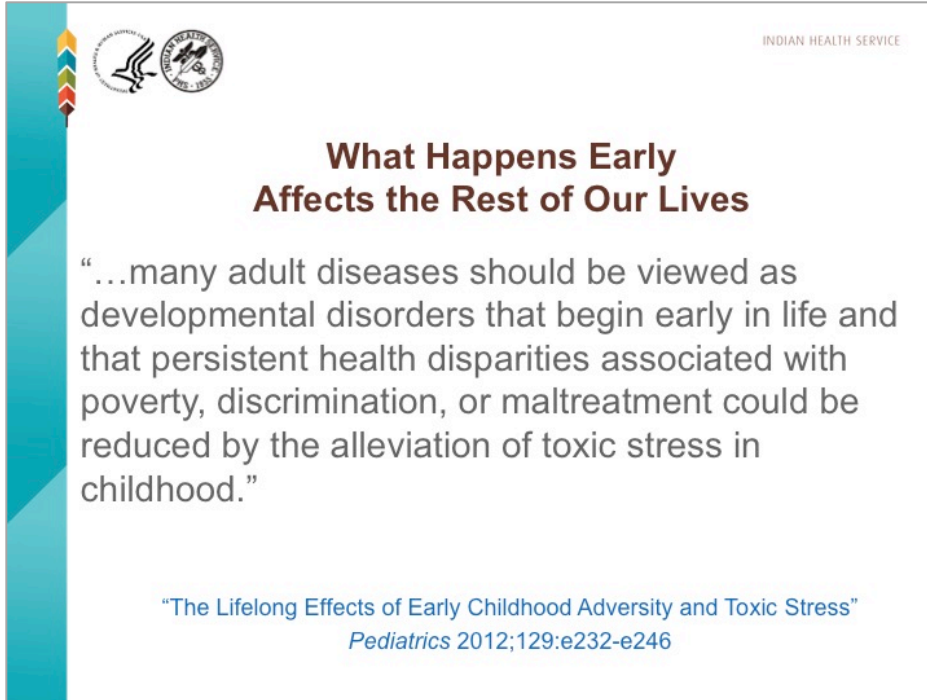
*Albert Pooley, MSW, MPA (Navajo/Hopi), President, Native American Fatherhood & Families Association*

Mr. Pooley's experience as a marriage and family counselor prompted him to create the Native American Fatherhood & Families Association (NAFFA). In his view, it's essential to engage men—especially as current social and health services often concentrate primarily on maternal and child health. While fathers are commonly viewed as the cause of family social problems in Native society, they are an integral part of the solution and must take part in keeping their families together. Mr. Pooley emphasized the need for a culturally-tailored model that inspires and motivates parents to foster health and well-being for children. However, professionals must build trust with communities. Successful relationships can be established by grounding the program models in truth: when communities trust you, they will have confidence in what you do.

#### **The Early Roots of Health**

*Ann Bullock, MD (Minnesota Chippewa), Indian Health Service (IHS)*

Ann Bullock, Family Physician and the Director of the IHS Division of Diabetes Treatment and Prevention, focused her presentation on the "Early Roots of Health. Dr. Bullock emphasized the need to decrease stress and trauma, to increase protective factors, and provide proper nutrition.



INDIAN HEALTH SERVICE

## What Happens Early Affects the Rest of Our Lives

“...many adult diseases should be viewed as developmental disorders that begin early in life and that persistent health disparities associated with poverty, discrimination, or maltreatment could be reduced by the alleviation of toxic stress in childhood.”

“The Lifelong Effects of Early Childhood Adversity and Toxic Stress”  
*Pediatrics* 2012;129:e232-e246

Under the Indian Health Service (IHS) Division of Diabetes Treatment and Prevention (DDTP) program, which Dr. Bullock directs, the Special Diabetes Project for Indians (SDPI), tackles diabetes and obesity disparities on reservations. The program is influenced by research on Adverse Childhood Experiences (ACEs), historical and intergenerational trauma, food insecurity, epigenetics and the types and roles of protective factors (including concepts represented on her slide above). As a result of SDPI, diabetes-related end-stage renal disease has declined 30% since 1996 and diabetes/obesity rates have not increased (15).

Dr. Bullock said her research acknowledges where things went awry during history, and builds an approach to take this knowledge and apply it in important ways.

*“The medicine is already within ... Look quietly and deeply.” – Ann Bullock / Duran 2006*

### **There is No (Ojibwe) (Navajo)...word for Foster Care**

*Anita Fineday, JD, MPA (White Earth Nation) Casey Family Programs*

Anita Fineday, managing director of Casey Family Programs' Indian Child Welfare Program, explained the intersection between public health and child welfare: Removing children from their homes and placing them in foster care contributes to toxic stress and trauma. She pointed out that the idea of the nuclear family common to mainstream America is a foreign concept to families in Indian country. Yet, in recent history, children were removed from their homes and placed in boarding schools or in foster care.

According to a report from the Association on American Indian Affairs (16), 85% of Native children were removed from their families from 1941 to 1967 and placed in non-Native homes or institutions.



*Historic photo from Anita Fineday's Presentation*

*“Boarding schools... I think of this as the epitome of Adverse Childhood Event. And it went on for 100 years.”  
– Anita Fineday*

The Indian Child Welfare Act, created in 1978, responded to this crisis. Ms. Fineday and colleagues from Casey Family Programs work to uphold this important law to keep Native children in their communities, maintain cultural connectedness, and decrease risk factors that contribute to negative outcomes such as delinquency, unemployment, and suicide. She concluded her presentation by emphasizing the importance of merging child welfare with public health efforts to build protective factors and increase well-being for future generations.

***During discussion with audience members, panelists said*** efforts for policy advocacy should focus at the level of prevention as there is now solid evidence that these programs work.

Dr. Bullock stated that most home-visiting programs have an interest in including fathers as much as they are able and willing to be included. However, home-visiting curricula should be more inclusive of other family members directly involved in the children’s care and not simply on the nuclear family.

For Indian country to heal, one audience member suggested, sweeping changes are needed. How could we make more transformative changes? Panelists responded that meaningful changes are never made in one sweeping effort, but occur as small, incremental changes that have an impact over many years.

## PANEL 2

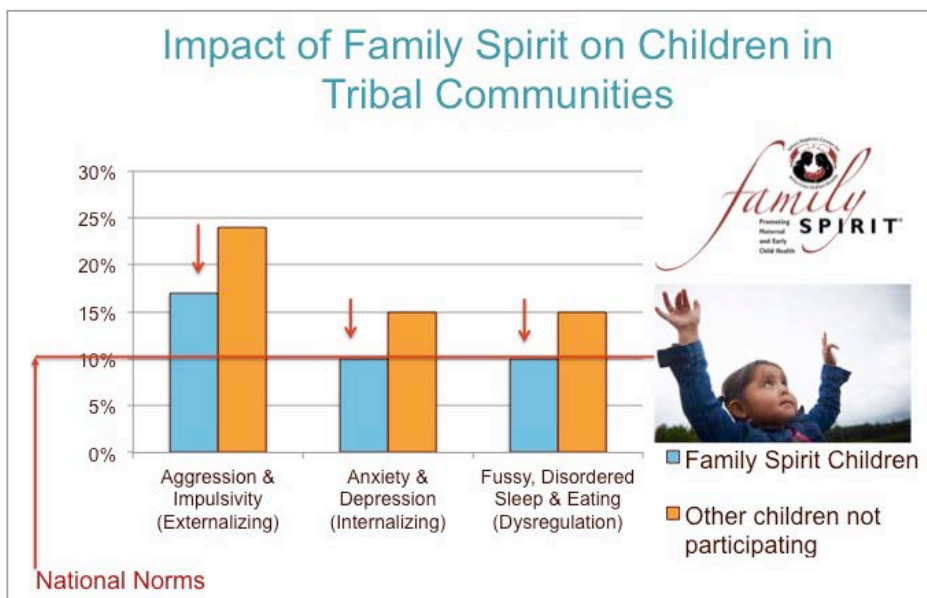
### ENGAGING FAMILIES ACROSS THE LIFESPAN

#### “Family Spirit” Early Childhood Intervention

Crystal Kee (Navajo), Family Spirit Training and Implementation Manager, JHCAIH, and Allison Barlow, PhD, MPH, Director, JHCAIH

Dr. Barlow introduced the Family Spirit program, an evidence-based, culturally tailored early childhood home-visiting program designed to promote health and wellbeing for Native parents and their children.

Crystal Kee, a senior trainer for Family Spirit, described Family Spirit’s theoretical model, with posits parenting as the critical link between parents’ personal characteristics and environmental context and children’s individual risks and outcomes. Family Spirit is designed to promote mothers’ parenting skills, while assisting them in developing coping and problem-solving skills to overcome individual and environmental stressors. The model incorporates important cultural values, with traditional tribal teachings throughout the curriculum, as cultural teachings are key protective factors in long-term health. Key findings presented included significant improvements across multiple development domains for at-risk Native children (see slide below).



Family Spirit has been implemented in over 100 reservation-based and urban Native communities across 15 states. It is also now also being used with non-Native populations with high maternal and child behavioral health disparities. The program has had high participant retention rates, and provides evidence that it can reverse the cycle of negative well-being outcomes.

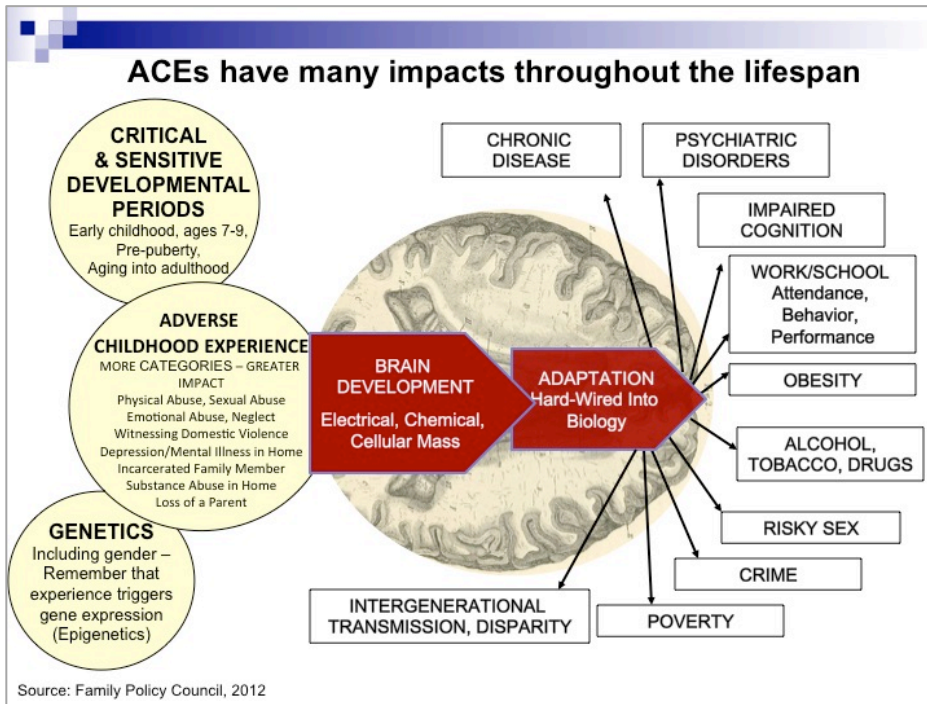
#### Linking Generations By Strengthening Relationships

Sean Brotherson, PhD, North Dakota State University

Mark Pooley (Navajo/Hopi), Tribal Outreach Coordinator, NAFFA

Dr. Brotherson, Professor and Extension Family Science Specialist at North Dakota State University and author of “Why Fathers Count,” discussed his research and experiences, which have shown that

social-emotional buffering is an important factor distinguishing levels of stress in children. This protective factor is built on healthy and nurturing relations with important figures in children’s lives, and a lack of social-emotional buffering leads to poor coping abilities, toxic stress, and increased ACEs, which have negative impact throughout the lifespan (see slide below). Dr. Brotherson discussed a program in North Dakota that increases supportive relationships and health-promoting environments for children, which puts them on a positive trajectory for healthy development (17).



Mark Pooley, an outreach coordinator for NAFFA who has worked in law enforcement for over 15 years, discussed responding to household trauma. His encounters with individuals through law enforcement were usually at their lowest position in life. Mr. Pooley said that acknowledging individuals’ forefathers and their dedication to the prosperity of future generations can instill dignity and hope.

**During the discussion, a panelist asked** whether youth in the justice system can be targeted for programs building protective factors. Mr. Pooley agreed that early interventions for troubled youth are necessary. Dr. Barlow shared briefly about a suicide prevention program developed with the White Mountain Apache Tribe that mandates reporting of suicidal behaviors and ideations by individuals throughout the community, including local law enforcement, to a surveillance system; this action prompts follow up by trained community outreach workers. Dr. Barlow also noted that this program is a great example of the importance of tribal sovereignty.

**Promoting Health with Anishinabe Families**

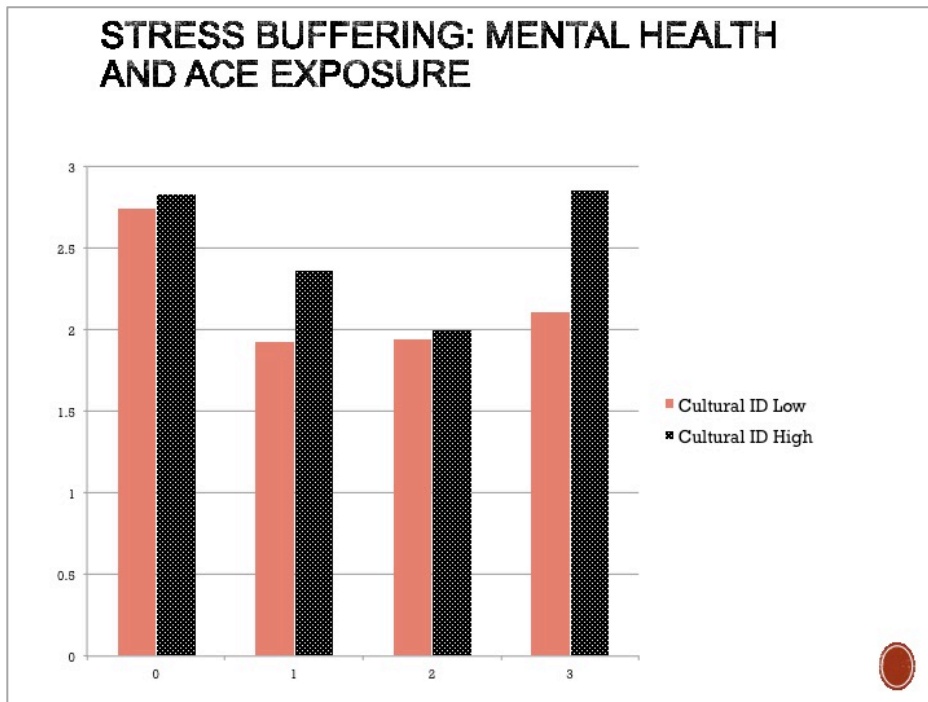
Melissa Walls, PhD (Bois Forte and Couchiching First Nation Anishinabe), University of Minnesota

Melissa Walls, an Associate Professor at the University of Minnesota Medical School, discussed measuring important familial and cultural constructs in Native relationships. She also underscored that Native communities lack the concept of a nuclear family. Previous interventions in Native communities

used Eurocentric models, which failed to predict many outcomes. She said that an adaptation to the Eurocentric nuclear family model adds information about a child's extended kinship network, revealing protective factors such as social support and cultural identity.

*"Who are we excluding when we fail to ask about what makes up a family network?" – Melissa Walls*

Dr. Walls highlighted a diabetes empowerment study that incorporated these protective factors, which demonstrated that empowerment increases as each protective factor increases. When both social support and cultural identity are high, results are quite pronounced. She also shared research demonstrating that high levels of cultural identity helped buffer stress from ACEs (see slide below).



**During the discussion period, Dr. Walls said** she and colleagues are now planning a study to address the challenges in using Eurocentric predictors of depression and stress. In response to a question about binary gender constructs, Dr. Walls said she has recently introduced multiple categorizations of gender identity into programs.

### PANEL 3

#### PARENTING AS MEDICINE AGAINST TOXIC STRESS, TRAUMA AND SUBSTANCE USE: BEST PRACTICES

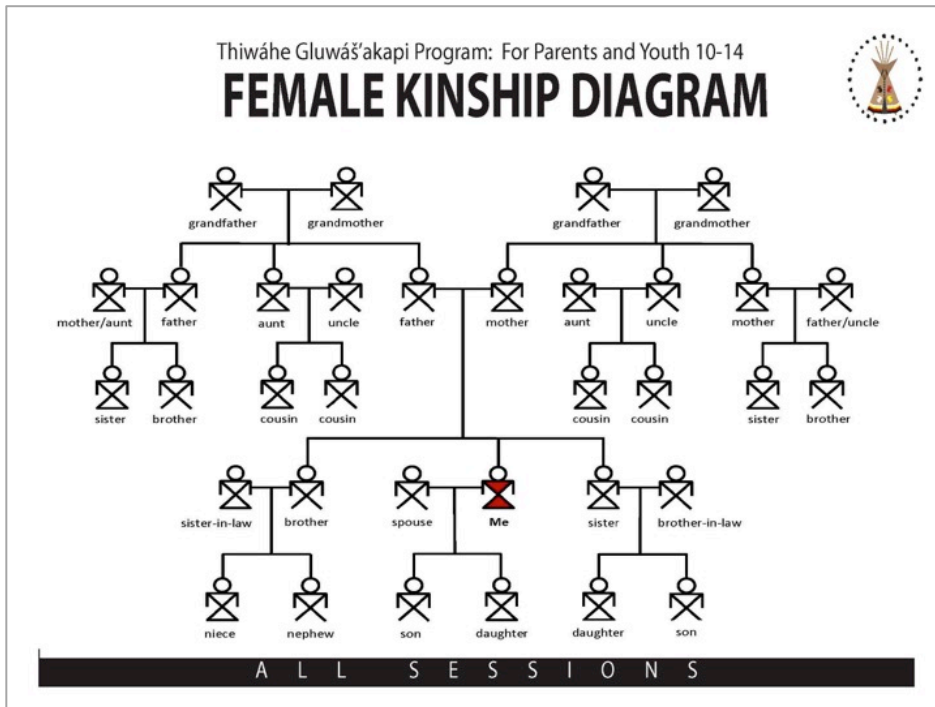
##### Strengthening Families, Middle School Children and Parents

*Nancy Whitesell, PhD, and Alicia Mousseau (Oglala Lakota), PhD, University of Colorado*

Dr. Nancy Whitesell (Professor, Co-Director of the Tribal Early Childhood Research Center) and Alicia Mousseau (Research Instructor), faculty at University of Colorado's Centers for American Indian and Alaska Native Health at the University of Colorado, jointly presented on their community-based

development and ongoing evaluation of the family-based intervention, Thiwáhe Gluwáś'akapi Project, which focuses on preventing substance abuse and related risks among middle school children in the Pine Ridge community.

Early studies in the community revealed an association between adversity, early initiation of substance use, and later substance abuse problems (18). Using empirical evidence and input from the tribe's community advisory board, the team adapted the Iowa Strengthening Families Program for Parents and Youth, which aims to strengthen family relationships to prevent substance use in middle school-aged children.



The adaptation process applied evidence on ACEs and trauma, indigenous nutrition, and Native spirituality. The team anticipates that the project will increase parent-child relationships and communication while decreasing family conflict and adolescent substance use as well as delaying initiation. Dr. Mousseau stressed that when creating such a program, invaluable local researchers and staff become the “community change-makers.”

### Supporting Parent-Child Relationships as Buffers of Toxic Stress in Young Children

*Michelle Sarche (Lac Courte Oreilles Band of Ojibwe), PhD, University of Colorado*

Michelle Sarche, a clinical psychologist and Associate Professor at the University of Colorado's Center for American Indian and Alaska Native Health, presented on Parent-Child Interaction Therapy, part of a six-institution partnership called the Buffering Toxic Stress Consortium. Using cortisol as a marker of stress, Dr. Sarche looks to implement parenting interventions in Early Head Start programs.

Dr. Sarche described a Toxic Stress Framework that reflects evidence of the link between adult chronic disease and exposures to stressful experiences and adversity early in life (the slide below describes conditions for toxic stress). In one part of the program, parents learn skills that foster warmth and

connection with their child. In the second, parents learn behavior management, build structure, and reduce unhealthy interactions.



Dr. Sarche concluded with recommendations toward improving Native health, all centered on honoring treaty rights and the country’s trust obligations to Native peoples: improved access to high quality education and economic opportunities; quality food, housing, and environmental surroundings; and quality health care.

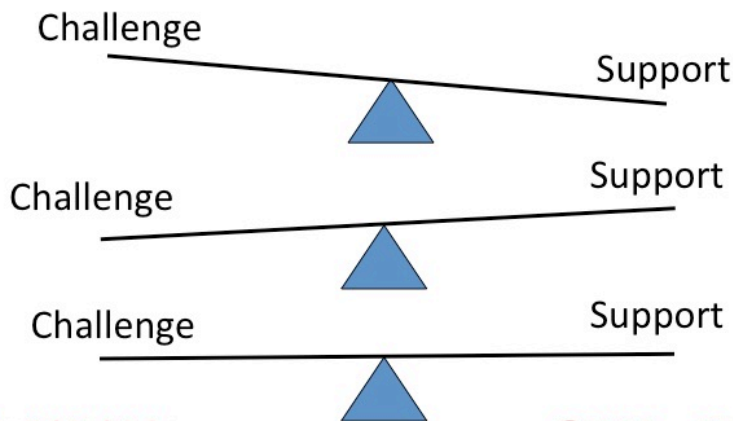
### **Resilience and Family-Based Approaches to Promoting Wellness**

*John Walkup, MD, Director of Child and Adolescent Psychiatry, Weill Cornell Medical School*

John Walkup, Director of Child and Adolescent Psychiatry at Weill Cornell Medical School, began his presentation by defining resilience and its role as a protective factor in Native health. Dr. Walkup described resilience as the ability to “bounce back” from difficult situations by committing to stay engaged, being willing to influence the outcome, and viewing the circumstance as an opportunity to learn. He said that actions needed to build resilience are relationship-dependent and task-related; meanwhile, forces that break resilience down include environmental problems and existing externalizing and internalizing behaviors. Dr. Walkup added that dysfunction can occur from too much adversity as well as too little, describing the latter as a struggle between accountability and entitlement (as depicted in the slide below).



# Challenge and Support



NewYork-Presbyterian

Weill Cornell Medicine

Dr. Walkup outlined ways to build resilience by increasing proactive rather than reactive parenting; providing challenges and support; encouraging skill-building, such as behavior control, academic learning, and social interaction; creating opportunities to take responsibility through roles in children's families and communities; and acknowledging mistakes as well as successes. He said creating resilience requires structure and routine, self-understanding, and strong role models and familial support. Speaking of his experience developing Family Spirit in partnership with the JHCAIH and with several tribes, Dr. Walkup stressed the importance of training lay people to be parent and family interventionists and integrating these paraprofessionals into the health care system.

**During the discussion, in response to a participant** who pointed out that dysregulated parents find it difficult to impose structure on children's lives, Dr. Walkup stated that parent improvement is an important part of the intervention process. Programs can help parents build skills to stabilize their lives and relationships.

Dr. Mousseau and Dr. Whitesell were then asked about their method of including only three family members in their family intervention program, while the kinship network in tribes expands beyond that number. Whitesell acknowledged the importance of including the extended kinship network, but expressed the barriers, including limited resources and abilities in data management. They do hope that their intervention programs facilitate community-wide change and that the new skills learned become a community norm. They anticipate that participants build connections and that the work trickles out to other family members involved.

Dr. Barlow asked the panel to reflect on and share their experiences with different cultures of parenting. Program initiations are a process of self-discovery for parents and researchers, said Dr. Whitesell. Dr. Sarche suggested avoiding framing the issue as a lack of parenting skills, saying there is always room for improvement and deepening knowledge.

When asked about suggestions for advocates, Dr. Sarche stated that it is important to make meaningful data accessible and known to leaders who make decisions for the community. Dr. Mousseau added

that it is important in tribal settings to know the systems involved in Native health advocacy and policy. Some tribal agencies have quickly changing political environments, and it is also important to consistently have advocates in communities to re-educate new members in these agencies.

## **CLOSING AND NEXT STEPS**

---

RADM Chris Buchanan (Seminole Nation of Oklahoma)  
*Acting Director, Indian Health Service*

Rear Admiral Chris Buchanan concluded the conference with closing remarks. He reiterated the interconnected nature of family relationships and health outcomes, and the need for interdisciplinary collaborations. RADM Buchanan shared his priorities as Acting Director in fulfilling the IHS mission to bring physical, mental, social, and spiritual health of Natives to the highest level, which include:

1. Recruit and retain a dedicated and competent workforce
2. Build, strengthen, and sustain collaborative relationships
3. Secure and efficiently manage required resources
4. Increase focus on mental health, childhood obesity, and opioid abuse

RADM Buchanan highlighted Community Health Workers as vital members of the healthcare teams who serve as advocates for patients, attributing their contributions to helping lower mortality rates in Native communities. Familiarity with local culture and respect for traditional healing ways is critical to these efforts.

In concluding, RADM Buchanan acknowledged significant obstacles but expressed confidence in overcoming these with traditional knowledge and medial expertise. He challenged the participants to develop interdisciplinary partnerships to bridge IHS and public health efforts, strengthen health delivery, and develop a pipeline for Native professionals.

Following RADM Buchanan's remarks, Dr. Barlow and Mr. Pooley reaffirmed the importance of using the strength of family relationships to promote health and well-being across generations. Dr. Barlow asked participants to consider the research and evidence presented at the conference as a call to action: we have the knowledge and tools to improve Native American health and well-being and now must share and scale them up.

---

## REFERENCES

---

1. Indian Health Service. Trends in Indian Health 2014 Edition. Rockville, MD: Public Health Service, U.S. Department of Health and Human Services; 2015.
2. Sarche M, Spicer P. Poverty and health disparities for American Indian and Alaska Native children: current knowledge and future prospects. *Ann N Y Acad Sci.* 2008; 1136:126-36.
3. Substance Abuse and Mental Health Services Administration. Results from the 2009 National Survey on Drug Use and Health: Volume I. Summary of National Findings. Rockville, MD: Office of Applied Studies, NSDUH Series H-38A, HHS Publication No.; 2010. Report No.: SMA 10-4856.
4. Kulis S, Ayers S, Harthun M, Jager J. Parenting in 2 Worlds: Effects of a Culturally Adapted Intervention for Urban American Indians on Parenting Skills and Family Functioning. *Prev Sci.* 2016 Aug; 17(6):721-31.
5. Nathan PE, Gorman JM. *A Guide to Treatments That Work.* 4th ed. Oxford University Press; 2015.
6. Borowsky IW, Resnick MD, Ireland M, Blum RW. Suicide Attempts Among American Indian and Alaska Native Youth: Risk and Protective Factors. *Archives of Pediatrics & Adolescent Medicine.* 1999 Jun; 153(6):573-80.
7. U.S. Census Bureau. 2015 American Community Survey 1-Year Estimates [Internet]. U.S. Department of Commerce; 2016. Available from: <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk>.
8. Indian Health Service. Mortality Disparity Rates [Internet]. Rockville, MD: Public Health Service, U.S. Department of Health and Human Services; 2016. Available from: <https://www.ihs.gov/newsroom/factsheets/disparities/>.
9. Warne D. Research and Educational Approaches to Reducing Health Disparities Among American Indians and Alaska Natives. *Journal of Transcultural Nursing.* 2006 Jul; 17(3):266-71.
10. Beauvais F. American Indians and alcohol. *Alcohol Health Res World.* 1998; 22(4):253-9.
11. Thornton R. *American Indian Holocaust and Survival: A Population History Since 1492.* University of Oklahoma Press; 1987.
12. Knibb-Lamouche J. Culture as a Social Determinant of Health. Roundtable on the Promotion of Health Equity and the Elimination of Health Disparities. Washington, DC: National Academies Press (US); 2013 Dec.
13. Edwards K, Patchell B. State of the science: a cultural view of Native Americans and diabetes prevention. *Journal of cultural diversity.* 2009; 16(1):32.
14. Warne D, Lajimodiere D. American Indian health disparities: psychosocial influences. *Social and Personality Psychology Compass.* 2015 Oct; 9(10):567-79.

15. Bullock A, Burrows NR, Narva AS, Sheff K, Hora I, Lekiachvili A, et al. Vital Signs: Decrease in Incidence of Diabetes-Related End-Stage Renal Disease among American Indians/Alaska Natives — United States, 1996–2013. *MMWR Morb Mortal Wkly Rep.* 2017; 66(01):26-32.
16. Jones BJ. *The Indian Child Welfare Act Handbook: A Legal Guide to the Custody and Adoption of Native American Children.* American Bar Association; 1995.
17. *The foundations of lifelong health are built in early childhood.* Cambridge, Mass: Center on the Developing Child, Harvard University; 2010.
18. Whitesell NR, Beals J, Mitchell CM, Manson SM, Turner RJ. Childhood exposure to adversity and risk of substance-use disorder in two American Indian populations: the meditational role of early substance-use initiation. *Journal of studies on alcohol and drugs.* 2009 Nov; 70(6):971-81.

## APPENDIX A: SPEAKER BIOGRAPHIES

---

**Allison Barlow, PhD, MPH, MA**, is the Director of Johns Hopkins Center for American Indian Health, which she joined in 1991, and Associate Scientist in the Department of International Health at the Johns Hopkins Bloomberg School of Public Health. Her research and service portfolio focuses on developing public health interventions with tribal communities to address behavioral and mental health disparities among Native children and families. Projects to date have spanned early childhood home-visiting to promote parenting and early child development; suicide, depression, and substance abuse prevention; obesity and diabetes prevention; and most recently, the promotion of youth entrepreneurship to address the twin problems of poverty and poor health trajectories. She has a particular focus on building the capacity of tribal communities to design, conduct and evaluate strengths-based prevention strategies.

**Sean E. Brotherson, PhD**, is a Professor and Extension Family Science Specialist with North Dakota State University in Fargo, ND. He earned an MS in family science from Brigham Young University and a PhD in human development and family studies at Oregon State University. He has conducted research and published articles on early childhood education, parenting, family stress and well-being, family life education, and family policy. He is co-editor of the book *Why Fathers Count* (with Joseph White) and co-author of the parent education programs *Basic Beginnings*, *Bright Beginnings*, and *Gearing Up for Kindergarten*. He directed a 5-year federally funded grant involving parent education and youth development for the Standing Rock tribal community. He has also served as a member of the North Dakota State PTA Board, member of the ND Alliance for Children's Justice, and project director of the ND Family Life Education Project. Sean and his wife, Kristen, have been married for 26 years and are the parents of eight children.

**Ann Bullock, MD**, (Minnesota Chippewa) is a Board-certified family physician who has worked for the Indian Health Service for over 26 years. She served in various clinical and administrative roles with the Eastern Band of Cherokee Indians in Cherokee, NC from 1990-2009. Since 2009, Dr. Bullock has worked for the IHS Division of Diabetes Treatment and Prevention (DDTP), first as its clinical subject matter expert and now as its Director. Dr. Bullock has been an author on numerous IHS diabetes treatment guidelines, clinical tools, and best practices. In addition to diabetes, Dr. Bullock's interests include the effects of chronic stress, trauma, historical trauma, as well as poverty and food insecurity on risk for chronic disease and other adverse life outcomes.

**Anita Fineday, JD, MPA** (White Earth Nation), became the Managing Director of the Indian Child Welfare Program for Casey Family Programs in 2011. She previously served as the Chief Judge for the White Earth Tribal Nation for 14 years. She holds a MPA degree from the Harvard University's Kennedy School of Government and a JD from the University of Colorado School of Law. She has previously served as an associate judge for the Leech Lake Band of Ojibwe and the Grand Portage Band of Chippewa. She has also taught federal Indian law and policy at the tribal college, university and law school levels.

**Crystal Kee** (Navajo) joined the JHCAIH Family Spirit leadership team in 2012, but has been involved with the program since 2008 as a home visitor and site coordinator in Chinle, AZ. Crystal works closely with Family Spirit affiliates by participating in outreach to new sites; conducting pre-training work; coordinating and leading trainings; providing technical assistance; and acting as a liaison between affiliates and the Family Spirit team.

**Alicia Mousseau, PhD**, (Oglala Sioux) is the daughter of the late John and Vera Mousseau and the granddaughter of the late James and Lena Mousseau from Porcupine, South Dakota. She is a resident of the Pine Ridge Reservation. Dr. Mousseau is a member of the Oglala Sioux Tribe Research Review Board and is a Research Instructor with the Centers for American Indian and Alaska Native Health in the Colorado School of Public Health at the University of Colorado Anschutz Medical Campus. She is currently the director of the Thiwáhe Gluwáš'akapi Project, which is a family-based substance use prevention program for 10-to 14-year old Lakota youth and their families. Her other work focuses on examining self-regulation, affect, and substance use among American Indian youth, including examining mindfulness techniques to reduce risky behaviors. Dr. Mousseau is dedicated to promoting prevention and health equity in American Indian communities through research and capacity building.

**Albert M. Pooley, MSW, MPA**, (Navajo/Hopi) is the president and founder of the Native American Fatherhood & Families Association (NAFFA) located in Mesa, Arizona. He has dedicated his time, education, resources, and passion to help develop and bring awareness to the various Native American tribes and individuals who have an interest in preserving Native American cultures, traditions, and history. Mr. Pooley conducts classes, trainings, and seminars, all of which have an emphasis on strengthening the Native American cultures and family unit. Mr. Pooley is highly successful in his hands-on approach to educating youth, adults, and elders. Mr. Pooley received his MSW from the University of Utah and a MPA from the University of Denver. He has been married to his wife Julia for 47 years and they have six children and sixteen grandchildren. Mr. Pooley extends an invitation to all, in both the Native and Non-Native world, to learn more about Native American Fatherhood & Families Association and how we can work together in strengthening families.

**Mark Pooley, MEd**, (Navajo/Hopi) has been in law enforcement since 2001. He is currently a patrol sergeant in Arizona. During his tenure as a police officer he has held several detective positions; Robbery, Joint Terrorism Task Force (JTTF/FBI) and Homicide. As a supervisor, he is assigned to two ancillary positions; Crisis Negotiator Team and Incident Response Team. Mr. Pooley has also been a tribal prosecutor on the Salt River Pima-Maricopa Indian Community where he dealt with criminal and civil issues within the tribal court. He currently works for NAFFA as the Outreach Coordinator. Mr. Pooley graduated with his bachelor's degree from Brigham Young University and a MPA from Northern Arizona University. He has been married for sixteen years and has three children.

**Michelle Sarche, PhD**, (Lac Courte Oreilles Band of Ojibwe) is a clinical psychologist and Associate Professor in the Centers for American Indian and Alaska Native Health, at the University of Colorado Anschutz Medical Campus, Colorado School of Public Health. Dr. Sarche has worked with American Indian and Alaska Native tribal communities for over 20 years. Her work includes the Tribal Early Childhood Research Center, the Native Children's Research Exchange, the Maternal Child Health Link program, and the Buffering Toxic Stress Consortium. Her work has been supported by the Administration for Children and Families, the Health Resources and Services Administration, the National Institutes on Drug Abuse, Mental Health, and Alcohol Abuse and Alcoholism.

**John T. Walkup, MD**, is Professor of Psychiatry, DeWitt Wallace Senior Scholar, the Vice Chair of Psychiatry, and Director of the Division of Child and Adolescent Psychiatry, at Weill Cornell Medical College and New York-Presbyterian Hospital. He is an Adjunct Professor at the Johns Hopkins Bloomberg School of Public Health, with an appointment in the Center for American Indian Health. His research interest has focused on developing and evaluating interventions to reduce the large mental health disparities facing Native American youth, specifically drug use and suicide prevention. For his work, Dr. Walkup has been awarded the Norbert and Charlotte Rieger Award for Academic Achievement in 2009 from the American Academy of Child and Adolescent Psychiatry and the Blanche

F. Ittleson Award for Research in Child Psychiatry in 2011 from the American Psychiatric Association and the Schonfeld Award from the American Society of Adolescent Psychiatry in 2016. His team at the Center for American Indian Health at Johns Hopkins won the Bronze Achievement Award from the Institute of Psychiatric Services of American Psychiatric Association in 2012 for their pioneering suicide prevention project on the White Mountain Apache Reservation.

**Melissa L. Walls, PhD**, (Bois Forte and Couchiching First Nations Anishinabe) is an Associate Professor in the Department of Biobehavioral Health and Population Sciences at the University of Minnesota Medical School, Duluth campus. She is also a Visiting Associate Professor at the Johns Hopkins Center for American Indian Health for the 2016-2017 academic year. Dr. Walls is a social scientist committed to collaborative research with American Indian and First Nations communities in the United States and Canada. Her involvement in community-based participatory research (CBPR) projects to date includes mental health epidemiology; culturally-relevant, family-based substance use prevention and mental health promotion programming and evaluation; and examining the impact of stress and mental health on diabetes. Dr. Walls's collaborative work has received funding from the National Institutes of Health and the Public Health Agency of Canada.

**Donald Warne, MD, MPH**, (Oglala Lakota) is Professor and Chair of the Department of Public Health in the College of Health Professions at North Dakota State University, and he is the Senior Policy Advisor to the Great Plains Tribal Chairmen's Health Board. He oversees the only Master of Public Health in the nation with an American Indian Public Health specialization. Dr. Warne is a member of the Oglala Lakota tribe from Pine Ridge, SD and comes from a long line of traditional healers and medicine men. He received his MD from Stanford University School of Medicine and his MPH from Harvard School of Public Health. His work experience includes: several years as a primary care physician with the Gila River Health Care Corporation in Arizona; Staff Clinician with the National Institute of Diabetes, Digestive, and Kidney Disorders / NIH; Indian Legal Program Faculty with the Sandra Day O'Connor College of Law at Arizona State University; Health Policy Research Director for Inter-Tribal Council of Arizona; and Executive Director of the Great Plains Tribal Chairmen's Health Board.

**Nancy Rumbaugh Whitesell, PhD**, is a developmental psychologist and Professor at the Centers for American Indian and Alaska Native Health, Colorado School of Public Health, University of Colorado Anschutz Medical Campus. She has been engaged in research with tribal communities for 15 years, using community-university partnerships, a developmental perspective, and prevention science methods to understand risks and promote positive outcomes among Native children and families. Dr. Whitesell's work includes research both in young adolescence and in early childhood. Her current adolescent research is culturally adapting and evaluating an evidence-based early substance use prevention program for youth and their families in a Northern Plains reservation community R01DA035111, Whitesell, PI. With a focus on early childhood, she co-directs the Tribal Early Childhood Research Center TRC; 90PH0027, Sarche & Whitesell, PIs; [www.tribalearlychildhood.org](http://www.tribalearlychildhood.org) and is partnering with James Bell Associates to direct the Multi-site Implementation Evaluation of Tribal Home Visiting MUSE; HHSP2337004T, Whitesell, PI. Finally, Dr. Whitesell co-directs the Native Children's Research Exchange NCRE, [www.ncreconnect.org](http://www.ncreconnect.org) and co-leads the NCRE Scholars program, funded by the National Institute on Drug Abuse HHSN271201500717P, Whitesell & Sarche, PIs to provide career development opportunities for Native researchers around the country.

## APPENDIX B: CONFERENCE AGENDA

---

### **Engaging the Strength of Family to Promote Lifelong Health: Lessons from the First Americans**

Opening Blessing by Mr. WJ Strickland (Lumbee Tribe of Pembroke)

Welcome remarks from Allison Barlow and Albert Pooley (Navajo/Hopi)

Casey Foundation Welcome – Anita Fineday (White Earth Nation)

**KEYNOTE:** Donald Warne MD, MPH, (Oglala Lakota), North Dakota State University

### **PANEL 1: Sacred Families, Healthy Children: How the Roots of Indigenous Culture Promote Health and Resilience**

**MODERATOR:** Amy Faatoafe, MSW (Navajo/Hopi)

*Fatherhood and Motherhood are Sacred-* Albert Pooley, MSW (Navajo/Hopi), President, NAFFA

*The Early Roots of Health* – Ann Bullock, MD (Minnesota Chippewa), Indian Health Service

*There is No (Ojibwe) (Navajo)...word for Foster Care* – Anita Fineday, JD, MPA (White Earth Nation), Casey Family Programs

Q&A/ Discussion

### **PANEL 2: Engaging Families Across the Lifespan**

**MODERATOR:** Leo Nolan, MEd (Akwesasne Mohawk Nation)

*“Family Spirit” Early Childhood Intervention* – Crystal Kee (Navajo), Family Spirit Training and Implementation Manager, JHCAIH, and Allison Barlow, PhD, MPH; Director, JHCAIH

*Linking Generations By Strengthening Relationships*– Mark Pooley (Navajo/Hopi), Tribal Outreach Coordinator, NAFFA, and Sean Brotherson, PhD, North Dakota State University

*Promoting Health with Anishinabe Families* - Melissa Walls, PhD (Bois Forte and Couchiching First Nation Anishinabe), University of Minnesota

Q&A/ Discussion

Lunch

### **PANEL 3: Parenting as Medicine Against Toxic Stress, Trauma and Substance Use: Best Practices**

**MODERATOR:** Kathy Etz, PhD, Health Scientist Administrator, National Institute on Drug Abuse

*Strengthening Families, Middle School Children and Parents* - Nancy Whitesell, PhD, University of Colorado, and Alicia Mousseau, PhD, (Oglala Lakota), University of Colorado



*Honoring Children, Mending the Circle (Parent Child Interaction Therapy)* —Dolores Subia BigFoot, PhD (Caddo Nation) University of Oklahoma Health Sciences Center, and Michelle Sarche, PhD (Lac Courte Oreilles Band of Ojibwe), University of Colorado

*Resilience and Family-Based Approaches to Promoting Wellness* – John Walkup, MD Director of Child and Adolescent Psychiatry, Weill Cornell Medical School

Q&A/ Discussion

Closing Comments – Albert Pooley and Allison Barlow

Closing Blessing by Mr. WJ Strickland



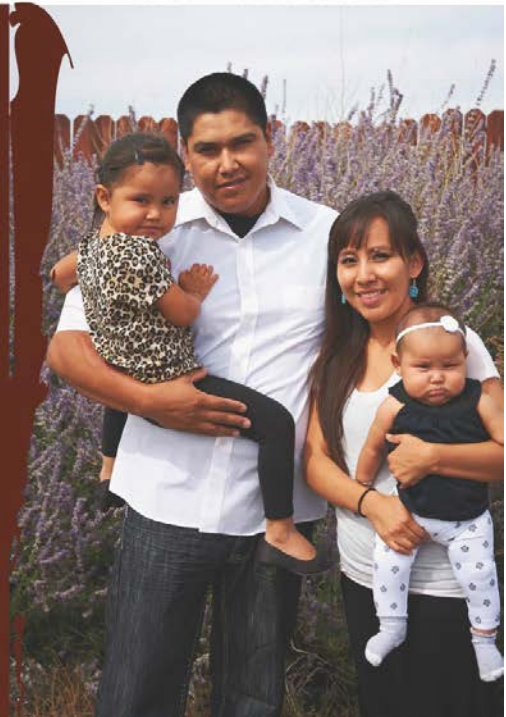
## NATIONAL SYMPOSIUM

Engaging the Strength of Family to Promote Lifelong Health: Lessons from the First Americans

**MAY 1, 2017**

Feinstone Hall  
Johns Hopkins Bloomberg  
School of Public Health  
615 N. Wolfe Street,  
Baltimore MD 21205

FREE — RSVP Required



## APPENDIX C: VIDEO

This proceeding provides a summary of the conference, *Engaging the Strength of Family to Promote Lifelong Health: Lessons from the First Americans*. To view all 3 panels, please visit:

[youtube.com/JHSPHCAIH](https://youtube.com/JHSPHCAIH) .

## APPENDIX D: ACKNOWLEDGEMENTS

---

Our deepest thanks go to:

- Casey Family Programs and the Aetna Foundation for providing the funding to make this conference possible.
- The speakers and moderators who prepared for and presented at the conference so compellingly.
- All the Native families and communities who have participated in the programs highlighted in the conference.
- The funding agencies who have supported those programs.

*This symposium and report was made possible through a collaboration with the Native American Fatherhood & Families Association, Casey Family Programs and funding support from the Aetna Foundation.*