Sisnaateel Community Alliance: Developing Policy Using Diné-Centered Community Engaged Research to Address Systemic Educational and Health Disparities

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PROBLEM

- Current health and educational related policies at local, state, and federal levels as well as research studies based on Western models have led to dismissal and/or rejection of Diné-centered cultural knowledge.
- Western, Eurocentric, settler colonialist mediated top-down decision making and policy development lack a culture-based understanding of community engaged research and wellbeing at the individual, family, and community levels, often contributing to more education(al) debt and persistent health inequities.
- There is a dire need for policy makers, education and health care providers, and local, state, and tribal leaders to value Indigenous ways of knowing as essential to developing and regenerating local community, culture-based behavioral and mental health interventions and services.
- Community Based Participatory Research (CBPR) infused with Diné-Centered Research and evaluation (DCRE) methodologies for community empowerment are needed to promote equitable educational, health, and socio-economic policies that effectively address historical trauma and structural racism.

POLICY OPTIONS

Ongoing tensions exist between contemporary and traditional perspectives of Indigenous community governance and leadership for the goal of community organizing that addresses systemic and structural inequities stemming from white settler colonialist policies and practices. To find balance and move towards a re-centering of Indigenous (Diné) governance and leadership for policy development, the Sisnaateel Community Alliance comprised of community members from the Navajo communities of Torreon, Ojo Encino, and Counselor need a sustained culture-centered, research evidence based organization committed to regenerating Indigenous knowledge and upholding cultural values of leadership using Diné centered research and evaluation methodology that is informed by cultural values stemming from K'e- (i.e., accountability, respect, reciprocity, relationships, and responsibility). The following policy options draw on local cultural knowledge to encourage respectful dialogue, transparent decision-making, and community solutions.

Option 1: Community organizers under the Sisnaateel Community Alliance name in collaboration with the Tri-Chapter Alliance should actively engage community members through community engaged research, decision making, and public dialogue about community needs and wellbeing.

Policy development efforts must promote community wellbeing using Diné-centered research and evaluation methodologies. As Indigenous communities embrace and utilize Indigenous research paradigms, they are also increasingly turning to community based participatory research (CBPR) approaches that challenge the traditional roles of researcher and the researched to examine the constructs of power, participation (who is included and who is excluded), and creation of the knowledge agenda. Furthermore, CBPR study utilizing cultured-centered approaches demonstrate that in the context of community health,

community engagement, education, and the sharing of personalized knowledge from individuals that live in the affected areas, the health of the community improves and informed decision making with the goal of promoting community wellbeing increases. By creating safe spaces for community members to engage in critical dialogue on significant mental/behavioral health issues, interventions that resonate with a community's history and leverage local cultural knowledge can promote community wellbeing.

Option 2: Fully fund the planning and development of the Sisnaateel House of Leadership through tribal, state, and/or federal funding agencies and organizations.

Drawing from findings of the TOC wellbeing pilot study and broader collaboration with community members from the Torreon, Ojo Encino, and Counselor communities, ongoing policy development efforts and strategies should build upon the development of a research infrastructure through participatory community planning and organizing. Culturally centered approaches to creating culture-based intervention/prevention models for community healing require community-engaged research using an equity lens to address significant behavioral and mental health issues. Community based participatory research by Indigenous scholars working with Indigenous communities can examine these critical issues while considering strategic ways to identify policy solutions. Diné-centered understandings of community engagement and research can inform and lead to community action and transformative praxis premised on the concept of Hozhó and K'é. A Diné paradigm for research advocates a search for knowledge that is critical, intuitive, reflexive, and re-affirming for self and the larger community while emphasizing a resurgence of cultural values and a return to hozhó, or a state or place of balance and peace. Additionally, it is important for community leaders to embrace decolonized governance and the application of Diné Fundamental law in the planning and implementation of effective transformational changes with community members.

ADDITIONAL POLICY CONSIDERATIONS
Policy development and implementation informed by localized Diné-centered conceptualizations of community organizing, leadership, and wellbeing that draw upon community knowledge is significant to creating transformative change across educational, health, and government institutions within the Torreon, Ojo Encino, and Counselor communities. In particular, the Sisnaateel House of Leadership using a localized community wellbeing model could potentially inform future policy considerations, future research studies, and the development of a community profile survey for obtaining baseline community health information and other socio-cultural and economic indicators.

AUTHORS
Vincent Werito vwerito@unm.edu
Mario Atencio mpatencio@gmail.com
Patrick Werito patrick@dlenm.org

Elroy Keetso ekeetso@gmail.com
Franklin Sage sagefrank@gmail.com
Veronica DeCrane veronica.willeto@mso.umt.edu

Dimensions of the Problem

  Current health and educational policies mediated by settler colonial mentalities[1] at local, state, and federal levels as well as research studies based on Western models have led to dismissal and/or rejection of Indigenous (Diné)-centered cultural knowledge[2]. More over, these types of top down decision making and policy development contribute to increased education(al) debt[3] and persistent health inequities[4]. For example, Indigenous (Diné) communities have high rates of behavioral and mental health illnesses like depression, drug and alcohol dependency, and suicide ideations stemming from adverse childhood events, post-traumatic stress disorders, and structural endemic racism. For the past 150 years to present Navajo (Diné) communities have survived the legacies and remnants of colonization using the cultural knowledge and resolve of their ancestral teachings. During their incarceration at Fort Sumner (Hweeldí) from 1864 to 1868, Navajo people suffered great losses including relatives, their traditional way of life, and the disruption of their deep spiritual connections to the land[5]. This was followed by the forced removal of Navajo children to boarding schools in the late 1800s to early 1900s during the early Indian boarding school period in American history. Around this same time period, the people also suffered greatly during the Spanish Flu epidemic of 1918 due to isolation and at the hands of U.S. government agents who massacred their livestock in the 1930s to gain access to their mineral rights.

  Solutions to this health disparity dilemma [6] requires a new research paradigm for

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engaging multigenerational and diverse communities as well as future prospects for drawing upon Indigenous communities cultural strengths[7]. By understanding the ways in which these external and internal processes occurred and continue to operate, some Indigenous communities are beginning to further understand historical trauma[8] and its consequences as well as identifying their own cultural strengths to overcome or transcend them through community-engaged research approaches. Community based participatory research by Indigenous scholars working with Indigenous communities[9] can examine these critical issues while considering strategic ways in planning for and implementing effective transformational changes to address behavioral and mental health disparities that have not been responsive to more traditional approaches[10].

Western, Eurocentric, settler colonialist mediated top-down decision making and policy development lack a culture- based understanding of community engaged research about wellbeing at the individual, family, and community levels and contributes to persistent educational debt and health inequities. Policy formation must shift towards utilizing Indigenous (Diné) ways of knowing and away from exclusively western orientations. Rooting policy vision, goals, and strategies in community knowledge is imperative in order to transcend the impacts of historical trauma, cultural genocide, environmental degradation, and internalized

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oppression. The disruption of Diné (Indigenous) communities by United States settler-colonial, capitalist policies based upon white supremacist, patriarchal American ideologies have created a host of social problems like behavioral and mental health issues related to historical, intergenerational trauma that continue to devastate their communities today[11] A CBPR pilot study with three Indigenous communities in New Mexico (NM) revealed that a lack of wellbeing at individual, family, and community levels is not only associated with traumatic past experiences but to the decline of Indigenous cultural practices, ancestral knowledge, and decreasing use of the Indigenous language.

There is a dire need for policy makers, education and health care providers, and leaders to value indigenous ways of knowing[12] as essential to local community, culture-based behavioral and mental health interventions and services. Cultural knowledge, as articulated from the perspectives of elders[13] is often ignored, devalued, or under-conceptualized in health interventions. In Indigenous communities, the collective cultural knowledge and community cultural wealth of a community[14] is held and often shared by elder community members to sustain contemporary ways of life. Yet, much of this system of Indigenous elderly knowledge continues to be marginalized, largely underutilized and eroded, and this is particularly true in relation to health research. Movement away from Indigenous cultural practices and decreasing usage of Indigenous languages has made indigenous conceptualization of wellbeing at individual, family, and community levels difficult. Increasingly, however, Indigenous communities are working to recover, reclaim, revitalize, and restore their cultural knowledge about wellbeing, including language, traditional economies, and

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traditional ecological knowledge. They are recognizing the significance of elder knowledge and draw upon those cultural strengths to maintain healthy relationships and partnerships that will be sustainable for future generations. They are using Indigenous-centered approaches and traditional cultural understandings to guide and inform community-based research projects and initiatives.[15]

Indigenous communities and researchers are re-centering Indigenous cultural knowledge to structure research with Indigenous communities by finding new ways to transcend the impacts of historical trauma, cultural genocide, environmental degradation, and internalized oppression.. Furthermore, Diné (Indigenous) centered and community based participatory research approaches acknowledge the impact of historical trauma, use culturally based methods and practices, partner with community tribal leaders, and involve local community members with positive impacts. For example, a Diné-centered research paradigm demonstrates that in the context of community health, community engagement, and the sharing of personalized knowledge from individuals that live in the affected areas, the health of the community improves and informed decision making with the goal of promoting community wellbeing increases. Dr. Larry Emerson describes how Diné-centered research and evaluation approach infuses Indigenous and western knowledge through research to create a harmonious balance for the benefit of community. This approach resonates with Diné centered understandings of research. That is, when engaging in a search of knowledge, a Diné paradigm emphasizes a search to come/go back to hozhó or a state or place of balance and peace. More so, the search for knowledge should be critical, intuitive, reflexive, and re-affirming for self and the larger community.

Community Based Participatory Research (CBPR) infused with Diné-Centered Research and evaluation (DCRE) methodologies for community empowerment are needed to generate equitable educational, health, and socio-economic policies that effectively address historical trauma and structural racism. Indigenous communities and researchers are re-centering Indigenous cultural

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knowledge to structure community rebuilding efforts and theorize research from Indigenous perspectives. This approach directly addresses reducing mistrust between the academy and the communities. Drawing from findings of research studies using DCRE and through broader collaboration with Diné community leaders, policy development strategies should build on existing resources to build a research infrastructure created by a participatory community planning process. Essentially, much of this work is based on elder knowledge about wellbeing with strong connections to successful aging similar to other studies on wellbeing[16]. Ancestral knowledge (often held by elders) is significant to community understandings of wellbeing to address health disparities and offset negative behavioral/mental health outcomes using a community-engaged research approach.

POLICY OPTIONS

As Indigenous communities embrace and utilize Indigenous research paradigms they are also increasingly turning to CBPR approaches as an orientation that challenges the traditional roles of researcher and researched to examine their roles of power, participation (who is included and who excluded) and who is leading the knowledge creation agenda; and as such, directly, address the aims of this study by reducing mistrust between the academy and the communities. Further, community based participatory and community engaged approaches to research effectively address significant behavioral and mental health issues using an equity lens to develop cultural centered approaches for community healing like culture-based prevention models. Community based participatory research by Indigenous scholars working with Indigenous communities can examine these critical issues while considering strategic ways to identify solutions through planning and implementing effective transformational changes with community members.

Option 1: *Community organizers under the Sisnaateel Community Alliance name in collaboration with the Tri-Chapter Alliance should actively engage community*

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[16] Lewis. J.P. (2011). Successful aging through the eyes of Alaska Native elders. What i Means to Be an Elder in Bristol Bay, AK. The Gerontologist, 51(4), 540 – 549

members through community engaged research, decision making, and public dialogue about community needs and wellbeing.

Policy development efforts must be guided by Diné-centered research and evaluation methodologies utilizing traditional Indigenous governance practices to promote community wellbeing. As Indigenous communities embrace and utilize Indigenous research paradigms[17], they are also increasingly turning to community based participatory research (CBPR) approaches that challenge the traditional roles of researcher and the researched to examine the constructs of power, participation (who is included and who excluded), and creation of the knowledge agenda[18]. Furthermore, a CBPR study utilizing Diné-centered research paradigm demonstrates that in the context of community health, community engagement, education, and the sharing of personalized knowledge from individuals that live in the affected areas, the health of the community improves and informed decision making with the goal of promoting community wellbeing increases[19].

The Navajo Nation chapter government structure has a responsibility to involve local community members in decisions made regarding issues in education, health, land tenure issues, and even fracking on Indigenous land. Before European contact, the Diné practice a form of government known as the Naachid. The Naachid system was a regional government that Naataaniis (leaders) headed[20]. The region that the Naatanii's lead were communities that varied between ten to forty families. A significant distinction

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of this system was there was a War Naatanii and a Peace Naatanii. These two leaders represent hozhó within the community. Naachiid gatherings were primarily held to coincide with community ceremonies. The Naachiid incorporated a grassroots approach of making decisions that included all adult members of the community. The community member discussed and decided on issues that impacted the entire community's quality of life. The Naachid system drew the community to be engaged in making decisions for the betterment of the community. The current Chapter House system, on some level, has failed to engage the community or families in the community. Rather than demolish the current chapter house system, the communities have an opportunity to reflect on the Naachiid system and incorporate elements that draw the community to participate in the decision-making process

By creating safe spaces for community members to engage in critical dialogue on significant mental/behavioral health issues, interventions that resonate with a community's history and leverage local cultural knowledge can promote community wellbeing. A CBPR infused DCRE pilot study with three Indigenous communities in New Mexico (NM) revealed that a lack of wellbeing at individual, family, and community levels is not only associated with traumatic past experiences but to the decline of Indigenous cultural practices, ancestral knowledge, and decreasing use of the Indigenous language. Ancestral knowledge (often held by elders) is significant to community understandings of wellbeing to address health disparities and offset negative behavioral/mental health outcomes using a community engaged research approach. Our work with three Indigenous communities in New Mexico (NM) revealed that a lack of wellbeing at individual, family, and community levels is not only associated with traumatic past experiences but in the decline of Indigenous cultural practices, elder knowledge, and decreasing use of the Indigenous language. Elder knowledge is significant to community understandings of wellbeing to address health disparities and offset negative behavioral/mental health outcomes using a community engaged research approach. Furthermore, Diné centered community based participatory research approaches acknowledge the impact of historical trauma, use culturally based methods and practices, partner with community tribal leaders, and involve local community members with positive impacts.

Option 2: *Fully fund the planning and development of the Sisnaateel House of Leadership through tribal, state, and/or federal funding agencies and organizations.*

Drawing from findings of the TOC wellbeing pilot study and broader collaboration with community members from the Torreon, Ojo Encino, and Counselor communities, ongoing policy development efforts and strategies should build upon the development of a research infrastructure through participatory community planning and organizing. Culturally centered approaches to creating culture-based intervention/prevention models[21] for community healing require community engaged research using an equity lens to address significant behavioral and mental health issues[22]. Community based participatory research by Indigenous scholars working with Indigenous communities can examine these critical issues while considering strategic ways to identify policy solutions. Diné-centered understandings of community engagement and research can inform and lead to community action and transformative praxis premised on the concept of Hozhó and K'é[23]. A Diné paradigm for research advocates a search for knowledge that is critical, intuitive, reflexive, and re-affirming for self and the larger community while emphasizing a resurgence of cultural values and a return to hozhó[24], or a state or place of balance and peace. Additionally, it is important for community leaders to embrace decolonized governance and the application of Diné Fundamental law in the planning and implementation of effective transformational changes with community members. By creating safe spaces and particularly a community grassroots organization for

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[24]

community members to engage in critical dialogue on significant mental/behavioral health issues, interventions that resonate with a community's history and leverage elder cultural knowledge can foster/promote community wellbeing. The implementation of a localized Diné-centered conceptualization of wellbeing embedded within the local governing bodies that draws upon community knowledge is needed across educational, health, and government institutions for the Torreon, Ojo Encino, and Counselor communities. The community wellbeing model can also contribute to opportunities for future studies, external funding, and the development of a community profile survey for obtaining baseline community health information and other socio-cultural and economic indicators that can be monitored as health disparities increase due to oil and gas activities and other social, economic, and political factors. Community organizers under the Sisnaateel Community Alliance name in collaboration with the Tri-Chapter Alliance should actively engage community members through public dialogue and decision making about community needs.

POLICY CONSIDERATIONS AND IMPLICATIONS

Policy development and implementation informed by localized Diné-centered conceptualizations of wellbeing that draw upon community knowledge is significant to creating transformative change across educational, health, and government institutions within the Torreon, Ojo Encino, and Counselor communities. Policy that is shaped at the local community, tribal, state, and federal levels, can all benefit from Dine-centered wellbeing. In particular, the community wellbeing model can inform future policy considerations in regards to ensuring funding for culturally-based programming to address educational and health issues, rather than and/or in addition to traditional programming. Culturally-based solutions can be seen as evidence-based through the support of Dine-centered research. The community wellbeing model can also provide a strength-based approach through the inclusion of community knowledge and assets to be balanced with deficient-based approaches that focus on educational and health disparities. A more balanced approach provides a fuller and more complete understanding of a policy issue and assists in identifying a more effective solution. The community wellbeing model can also generate educational and health policies that are sustainable because they are built from within. External solutions that are dependent on

external resources have a history of being short lived in these communities. The community wellbeing model can assist in identifying and activating, not just accessible resources, but also resources that are regenerative such as culture, ancestral knowledge, and natural helpers that may have been historically devalued and underfunded. The community wellbeing model can also inform future research studies and the development of a community profile survey for obtaining baseline community health information and other socio-cultural and economic indicators.

References