

# KIYAQUSMON {WE ALL COME TOGETHER}

Leveraging multi-disciplinary teams in AI/AN communities to enhance wellness practices and augment prevention efforts.

Leaning into **interconnection**

# ABOUT ME



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- Shamala Chumash
- Doctor of Behavioral Health
- Mother, daughter, wife, sister...
- Community member
- clinician @ 1 urban clinic & 1 tribal clinic





# OBJECTIVES

- Conceptualize culturally-driven prevention strategies for adverse childhood experiences and associated behavioral health challenges.
- Define inclusive infrastructure strategies that honor evidence-based, kinship-driven practices in-line with national prevention methodologies.
- Articulate benefits of engaging culturally-based/culturally relevant wellness practices into community health services.
- Identify opportunities to engage in cross-department collaborations to support holistic wellness.
- Identify opportunities for applying indigenous and western models of prevention across healthcare systems

**Weave together western and indigenous practices to support community-based programming primarily through activation of collaboration \*PEOPLE\***

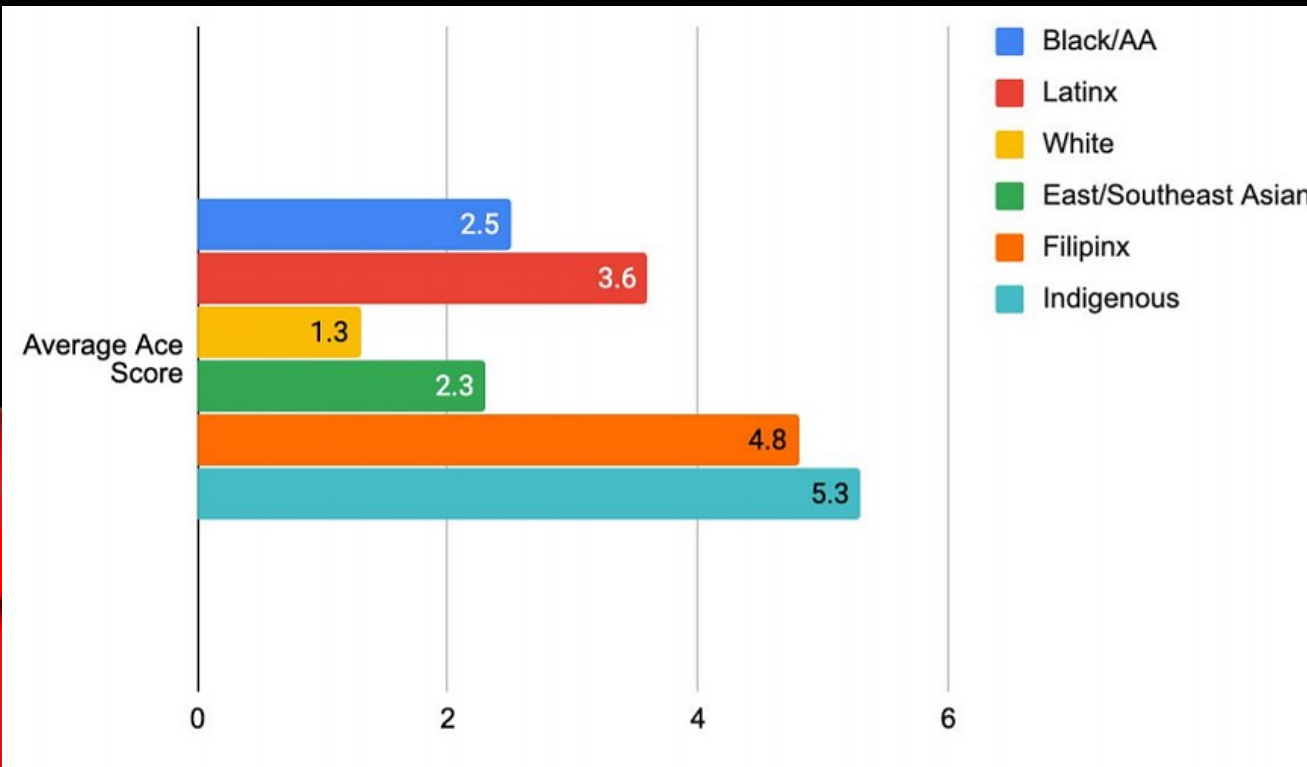
# THE CURRENT PULSE

Native people are subject to adverse childhood experiences at a rate considerably higher and with greater complexity than a reference population

Increases in disease burden accompany those higher rates

AI/AN children are more likely to experience multiple adverse events as health behaviors are being shaped

(Kenney, MK. & Singh, GK. 2016)



# STRENGTH-BASED RESOURCING

Children and Families thrive with access to safe, stable, nurturing relationships and environments.

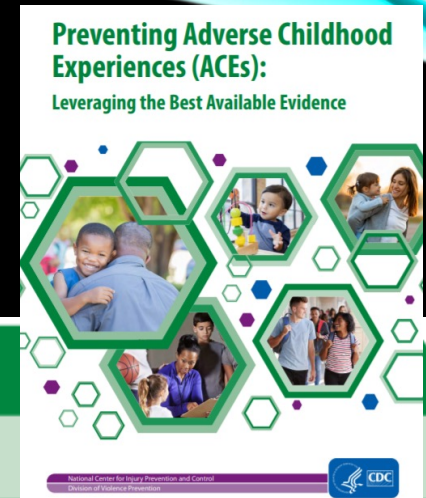
Indigenous people have known unhealthy relationships and environments impact health and wellbeing

These adverse effects can carry from one generation to the next

Working together to develop/deliver programs is a multi-generational and multi-disciplinary priority that cannot be done in isolation

Healing occurs in community

(Centers for Disease Control and Prevention & National Center for Injury Prevention and Control, 2019)



Preventing ACEs	
Strategy	Approach
<b>Strengthen economic supports to families</b>	<ul style="list-style-type: none"> <li>Strengthening household financial security</li> <li>Family-friendly work policies</li> </ul>
<b>Promote social norms that protect against violence and adversity</b>	<ul style="list-style-type: none"> <li>Public education campaigns</li> <li>Legislative approaches to reduce corporal punishment</li> <li>Bystander approaches</li> <li>Men and boys as allies in prevention</li> </ul>
<b>Ensure a strong start for children</b>	<ul style="list-style-type: none"> <li>Early childhood home visitation</li> <li>High-quality child care</li> <li>Preschool enrichment with family engagement</li> </ul>
<b>Teach skills</b>	<ul style="list-style-type: none"> <li>Social-emotional learning</li> <li>Safe dating and healthy relationship skill programs</li> <li>Parenting skills and family relationship approaches</li> </ul>
<b>Connect youth to caring adults and activities</b>	<ul style="list-style-type: none"> <li>Mentoring programs</li> <li>After-school programs</li> </ul>
<b>Intervene to lessen immediate and long-term harms</b>	<ul style="list-style-type: none"> <li>Enhanced primary care</li> <li>Victim-centered services</li> <li>Treatment to lessen the harms of ACEs</li> <li>Treatment to prevent problem behavior and future involvement in violence</li> <li>Family-centered treatment for substance use disorders</li> </ul>



# WHAT STORIES DO WESTERN MODELS TELL US

## Individual Protective Factors

- Families who create **safe, stable, and nurturing relationships**, meaning, children have a consistent family life where they are safe, taken care of, and supported
- Children who have **positive friendships and peer networks**
- Children who do well in school
- Children who have **caring adults** outside the family who serve as mentors/role models
- Families where caregivers can meet **basic needs** of food, shelter, and health services for children
- Families where caregivers have **college degrees** or higher
- Families where caregivers have steady **employment**
- Families with strong social support networks and positive relationships with the people around them
- Families where caregivers engage in parental monitoring, supervision, and **consistent** enforcement of **rules**
- Families where caregivers/adults **work through conflicts** peacefully
- Families where caregivers help children work through problems
- Families that engage in fun, **positive activities together**
- Families that encourage the importance of school for children

## Community Protective Factors

- Communities where families have access to economic and financial help
- Communities where families have **access to medical care and mental health services**
- Communities with access to safe, stable housing
- Communities where families have access to nurturing and safe childcare
- Communities where families have access to high-quality preschool
- Communities where families have access to safe, engaging **after school programs and activities**
- Communities where adults have work opportunities with family-friendly policies
- Communities with strong **partnerships** between the community and business, health care, government, and other sectors
- Communities where residents feel **connected to each other and are involved in the community**
- Communities where violence is not tolerated or accepted

# WHAT STORIES DO WESTERN MODELS TELL US

Resiliency is supported through

- Kinship networks grounded in safety
- Communities that maintain connection
- Opportunities for healthy activities

COMMUNITY  
CONNECTION  
CONSISTENCY

“As the Lakota Sioux phrase Mitakuye Oyasin ‘All my relations’ implies, we’re all connected, all in this together. Recovery is reciprocal: heal yourself, heal the world; heal the world, heal yourself.”

— Alberto Villoldo, *One Spirit Medicine: Ancient Ways to Ultimate Wellness*

yila kiskon

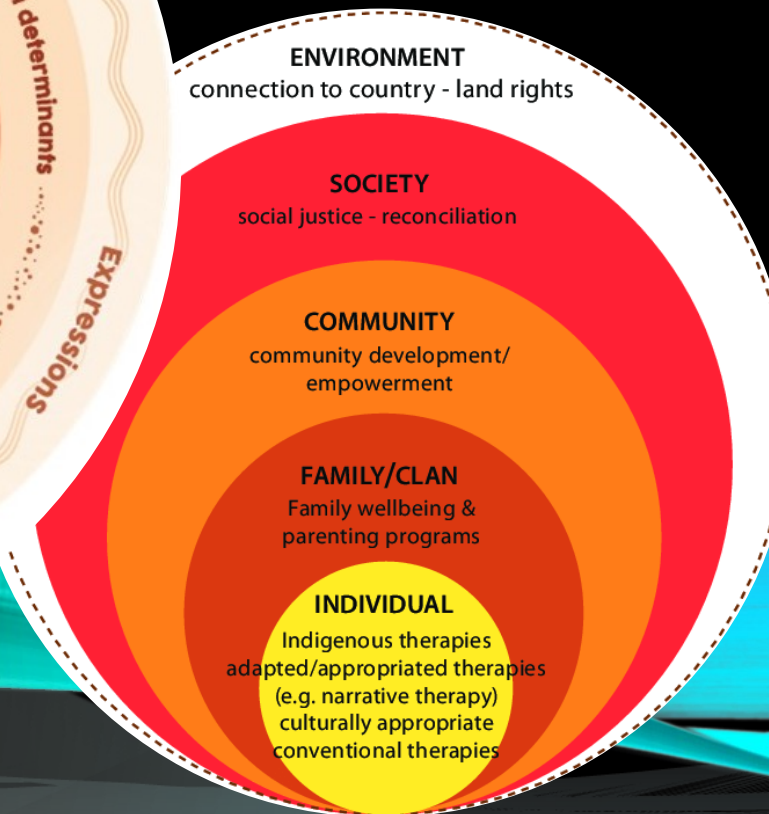


# WHAT STORIES DO INDIGENOUS PRACTICES TELL US

Impact of history (HT, ACes, resilience, cultural revitalization)  
Need for cultural understanding/connection  
Health as holistic  
Recognition of centrality of kinship



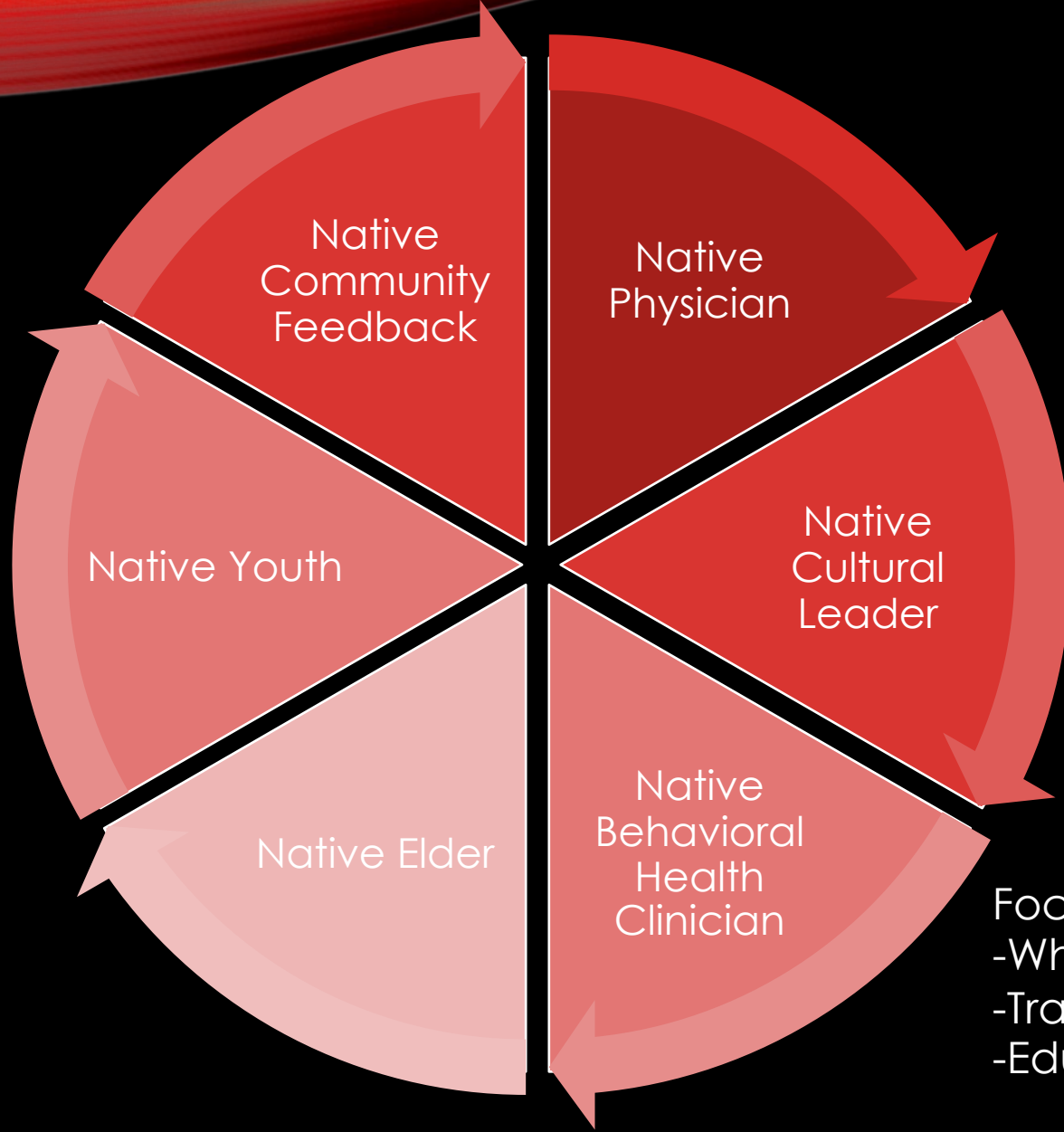
Dobia, B(. 2011)



(Gee et al. 2014)



# REAL TIME EXAMPLE- 'ALAXULAPU'



Multi-department collaboration as foundation

Outpatient tribal clinic

Program: Keeping Our Bodies Sacred (KOBS)

PRIMARY ASSET: people

Relationships inextricably embedded in language

**\*\*kisatik- we heal**

It is caused to be well our emotional hearts/pulse

**Human capital**

the skills, knowledge, and experience possessed by an individual or population, viewed in terms of their value or cost to an organization or country

Focus on:

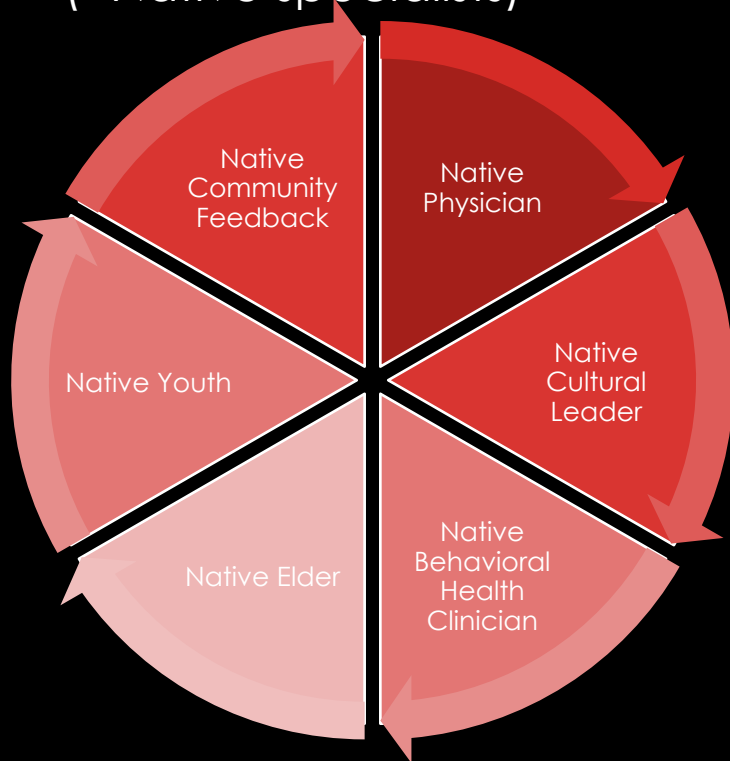
- Whole-person
- Traditional practices
- Education/ awareness building
- Community
- Sharing
- Accessibility

# APPLICATION FROM DUAL LENSES

Aligns with western concepts:

“Participatory Action Research” model

- AHO Youth Council
- Surveys
- Focus Groups
- (+Native specialists)



Strategic Prevention framework

- Collaboration
- Empower community voices
- Shift power
- Build Capacity





# APPLICATION IN PRACTICE

## MA TOKOY A KIŠUKUYOČ

### "OUR CIRCLE OF HOPE"

April 29th, 4-5PM

This week, "Our Circle of Hope" will be hosted by tribal community member, Solange Aguilar!

This is a safe space for our Native youth to share experiences, seek advice, connect with one another, and offer support. We are stronger together!



## REZiliency Programs

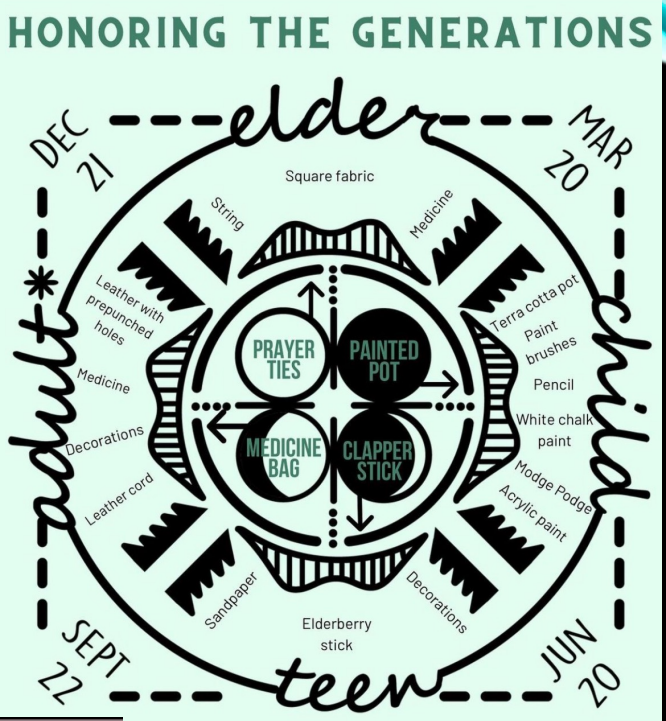


This August the AHO Youth Council and Santa Ynez Tribal Health Clinic are preparing virtual programs and supply kits that will focus on 3 aspects of resiliency: traditions, community and awareness. The outside of the venn diagrams highlights our virtual programs and the inside identifies the activities participants will find in our REZiliency kits.



**BONUS:** In July, Tribal Tech will be hosting 2 trainings focusing on REZiliency!

**HOPE IS IN OUR BLOOD**



Check out @ahoyouthcouncil on Instagram for program updates.

**HOPE IS IN OUR BLOOD**

## Mental Health Awareness Month 2020

Every Thursday in May  
Please join us virtually as we work on improving our wellness this whole month!

<b>Spiritual Wellness: 5/7</b>		<b>Emotional Wellness: 5/21</b>
10AM Self-Care Check-in 11AM Resiliency Scavenger Hunt 1PM Bandanna Mask Making Tutorial 4PM Journal Prompt		10AM Self-Care Check-in 11AM Cooking Lesson with Helek and Gina 3PM Healthy Relationship Workshop - Zoom 4PM Journal Prompt
<b>Mental Wellness: 5/14</b>		<b>Physical Wellness: 5/28</b>
10AM Self-Care Check-in 11AM Breathing Exercises with Madalyn 1PM Self-Care Planning Cards 4PM Journal Prompt		9AM Live Workout with Kryz - Zoom 10AM Self-Care Check-in 11AM Balance Class - Zoom 1PM Nature Scavenger Hunt 4PM Journal Prompt

**HOPE IS IN OUR BLOOD**

Sign up for a kit by registering using the link below or scan the QR code.

**HOPE IS IN OUR BLOOD**

## REACHING OUT TO OUR PEOPLE THROUGH ELDERS & CULTURAL BEARERS

with Kathy Marshall & Nakia Zavalla

Nakia and Kathy will discuss protocols for reaching out to your Tribe, Elders and other Cultural Bearers to ask for information about your Tribe. Learn other ways to seek information through your own research as well.



- Tuesday, 2/23
- 3:30-5pm
- Registration link in bio!



## LISTENING TO OUR ELDERS

*Panel Discussion*

November 30th  
4-5pm  
via Zoom

Panelists include Mike Valencia, Marvin Catha, and Virginia Ortega





# APPLICATION IN PRACTICE

LESSON LEARNED:  
NEED FOR CLARITY OF FOCUS

## **Coming together to align on a mission**

In honor of the resilience of our ancestors and our people, we as Samala Chumash have the power and responsibility to take care of ourselves and one another. We will support our people in a circle of wellness through community-driven programs that empower emotional, mental, physical, spiritual, and cultural wellness.

**Continue to come together to realign as programs are developed & a broader circle can provide feedback**



# KEY BENEFITS

Returns healing to the people

Addresses community-specific barriers

Engages community/ key stakeholders

Empowers participant voices and input

Engages intergenerational connections and interventions

Honors indigenous knowledge keepers

Incorporates national prevention methodologies

Centers community-driven programming

Reconnects community to culturally-defined best practices

Provides group education, awareness & access to knowledge

# REFERENCES

1. Kenney, Mary Kay & Gopal, Singh K. 2016. Adverse Childhood Experiences among American Indian/Alaska Native Children: The 2011-2012 National Survey of Children's Health", *Scientifica*, vol. 2016. <https://doi.org/10.1155/2016/7424239>
2. Herman, Kaley A., Walls, Melissa L., and the Healing Pathways Team. Johns Hopkins Bloomberg School of Public Health. *The Long Term Resonance of Benevolent Childhood Experiences among Indigenous Young Adults*.
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4. Dobia, Brenda. 2011. Promoting the mental health and wellbeing of Indigenous children in Australian primary schools. Commonwealth of Australia. ISBN: 978-1-74241-521-5
5. Commonwealth of Australia. National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023. Canberra: Department of the Prime Minister and Cabinet. ISBN 978-1-925362-81-7
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QUESTIONS?

COMMENTS?

## MY QUESTIONS FOR YOU:

- What content stood out most?
- What is 1 thing from today's discussion I can carry into my current work?
- How am I feeling in my body as we close out?

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