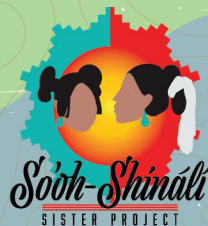


**Relatives,
Restoration
&
Reciprocity**

Wellness Cohort

REPORT



**Urban Indian
Health Institute**
A Division of the Seattle Indian Health Board

INTRODUCTION

Relatives, Restoration, and Reciprocity: Wellness Cohort was a direct response to the needs of our Los Angeles (LA) urban American Indian and Alaska Native (AI/AN) and Indigenous community members. Members within the Los Angeles County AI/AN Underserved Cultural Committee (AI/AN UsCC) have identified the significant need for locally offered cultural resources dedicated to understanding nutritional wellness and health outcomes. Furthermore, our recent 2023 SAGE-funded *Honoring Indigenous Health: Wellness Cohort* project reaffirmed the need for an extension of a cohort-based project rooted in culture that addresses chronic disease and mental health in our community.

We intentionally made this cohort an inclusive space that served the broader LA Indigenous community as we know the health impacts of colonization go beyond the U.S. borders. This project welcomed and uplifted individuals and families with Tribal backgrounds from Turtle Island and beyond; however, due to resources, the following Type 2 Diabetes (T2D) background data will reference AI/AN specifically. To ensure we are accurately referencing the data in the following section, we use the term AI/AN as cited in the data. For the remainder of the report, we use the term “Indigenous” to reference all Tribal communities within and beyond the U.S. borders.

BACKGROUND

The prevalence of T2D among AI/AN people is higher than any other racial/ethnic groups in LA County (Office of Health Assessment and Epidemiology [OHAE], 2023). In California and on a national level, rates of T2D are also higher than any other groups except for those who identify as Native Hawaiian or Other Pacific Islanders (NHPI) (Centers for Disease Control and Prevention [CDC], n.d.).

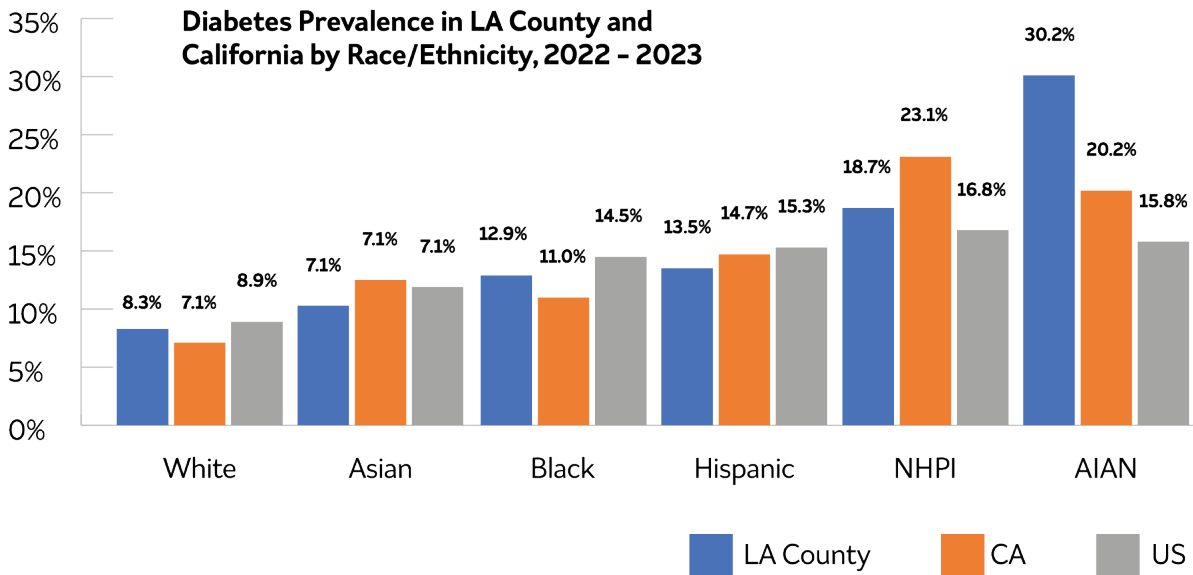


Figure 1: Diabetes Prevalence in LA County, California, and the US by Race/Ethnicity, 2022-2023

Figure 1 displays diabetes prevalence rates in LA County, California, and the US by race and ethnicity. In LA County, T2D prevalence among AI/AN is 30.2%. NHPI experienced the second-highest T2D prevalence at 18.7% (OHAE, 2023). AI/AN experience more than three times higher T2D prevalence compared to White LA county adults (8.3%)(OHAE, 2023). Similar patterns of T2D prevalence disparities among AI/ANs are observed on a statewide and national level (CDC, n.d.).



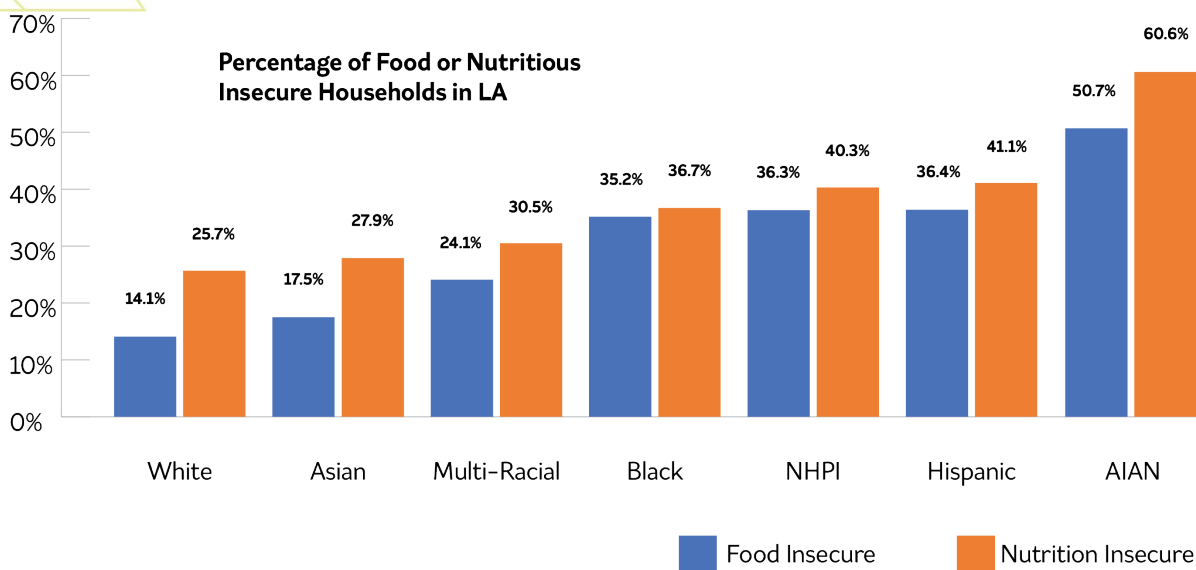


Figure 2. Percentage of Food or Nutrition Insecure Households in LA, 2023.

As seen in Figure 2, food insecurity is a major contributing factor to T2D prevalence among AI/ANs in LA County. In 2023, the highest percentage of food or nutrition-insecure households was observed among NH AI/AN households (OHAE, 2023). 50.7% of AI/AN households reported being food insecure in the past month, compared to 14.1% of NH White households (OHAE, 2023). More than half (60.6%) of AI/AN households reported being unable to access nutritious food in the last month, compared to 25.7% of White households (OHAE, 2023).

The content above shows AI/AN-specific data because this was the data available and we did not have access to data inclusive of our Indigenous community members. However, here in LA County, we have a large and strong representation of Indigenous communities from Tribes outside the U.S. and it was imperative to us that we include these relatives when planning and executing this cohort project as they also experience many of the same health outcomes related to continuing affects of colonization. So’oh-Shinálí Sister Project’s(SSSP) vision is that all community members will be able to engage in experiential learning and wellness practices that center Indigenous knowledge systems and values. We have an inclusive lens to Indigeneity and our work is dedicated to serving all of our Indigenous relatives within LA County through culturally relevant and community-driven education and wellness programs. Therefore, we will use the term “Indigenous” as an inclusive term for all Tribal communities from within the U.S. and beyond.

As a response to the significant need for T2D prevention/management resources for our Urban Indigenous community, SSSP extended our chronic disease cohort-based programming that is rooted in community connection, wellness, and Indigenous knowledge systems. With such a high prevalence of diabetes and food or nutrition insecurities for our urban Indigenous communities, our work aims to support individuals who have been directly or indirectly affected by T2D as we recognize this chronic disease affects the individual, family, and the larger Indigenous community across LA County. By opening our program’s enrollment in this way, we were able to create an intergenerational space of learning and healing where folks had the opportunity to engage with our facilitators and their fellow cohort members. These connections have fostered relationship building, and accountability and helped our cohort members start making small actionable changes that start at home and can lead to lifelong health improvements for themselves and strengthen future generations.

PROJECT DESCRIPTION

Relatives, Restoration, and Reciprocity: Wellness Cohort was dedicated to reducing health disparities among Indigenous community members in LA County through culture, (re)connection, and action. We completed this project through cohort recruitment, data collection, education on T2D and related chronic diseases, hosting three gatherings to build community connections, and the creation of this report. This project was accomplished through 5 phases that addressed the impact of T2D within our community, promoted wellness, and empowered community members to live a healthy lifestyle through small actionable changes.

Phase 1: We began with phase one which included recruiting 35 cohort members across LA County with culturally relevant graphics and flyers created with an Indigenous graphic designer. Cohort members represented over 20 different Tribal backgrounds and are currently residing across LA County.

Phase 2: In the second phase of our work, we hosted our first cohort gathering, *Beading for Community Wellness* which grounded our cohort in building community relations, providing coping strategies for mental health, and context setting for restoring Indigenous ways of being to practice reciprocity for future generations. This session was in collaboration with Diné artists and advocates, Brigid and Nora Pulskamp, who facilitated a beading circle that focused on the significance of beading as medicine and the importance of restoring ancestral wellness practices related to physical, emotional, mental, and spiritual wellness.

Phase 3: Phase three included our second event in collaboration with Berenice Dimas of Hood Herbalism, an autonomous and community-based herbal education project. Their work is dedicated to unlearning and decentralizing colonial ways of understanding plant knowledge to help BIPOC communities feel supported, grounded, and equipped with basic herbal knowledge to help take care of themselves and their loved ones in these times. Berenice facilitated our (Re)Think Your Drink session for cohort members where folks learned about the glycemic index, myths and facts about diabetes type 2, how to read nutrition labels, identify steps to reducing added sugar, and creating herbal tea blends with locally sourced ethical honey to balance their drinks in day-to-day life

Phase 4: *Note: The event will be held on July 20, 2024

In phase four, we will host our final gathering, a Place-Based Community Picnic at El Dorado Park East in Long Beach, located on the San Gabriel River. This picnic will be co-facilitated by prominent Tongva and Kumeyaay elder, Virginia Carmelo, and renowned Potawatomi and Mexican American chef, Pyet DeSpain. Community members will gather for a final session focusing on storytelling, connection to the land, and Native foodways here on Gabrieleño/Tongva lands. We will discuss how the lands, water, and the plants around us are all connected to our wellness and the health of our families and community. Cohort members will also observe a cooking demonstration led by Pyet DeSpain as she shares about harvesting, processing, and ways to bring traditional cooking into modern light to support our wellness as urban Indigenous communities. Cohort members will close out this final session and cohort series with a group reflection and setting personal commitments to continued healthy eating habits.

Phase 5: In phase five we reviewed survey responses, participated in talk story interviews, connected with staff and cohort members for their change stories, and created this summary report based on our learnings and community recommendations. We will also create social media graphics to visually summarize the project's outcomes and illustrate activities that contribute to a healthy lifestyle once the final gathering is completed. We will maintain relations and continue to invite cohort members to engage in opportunities and future programs as we have with all past projects.



PRE-SURVEY FINDINGS

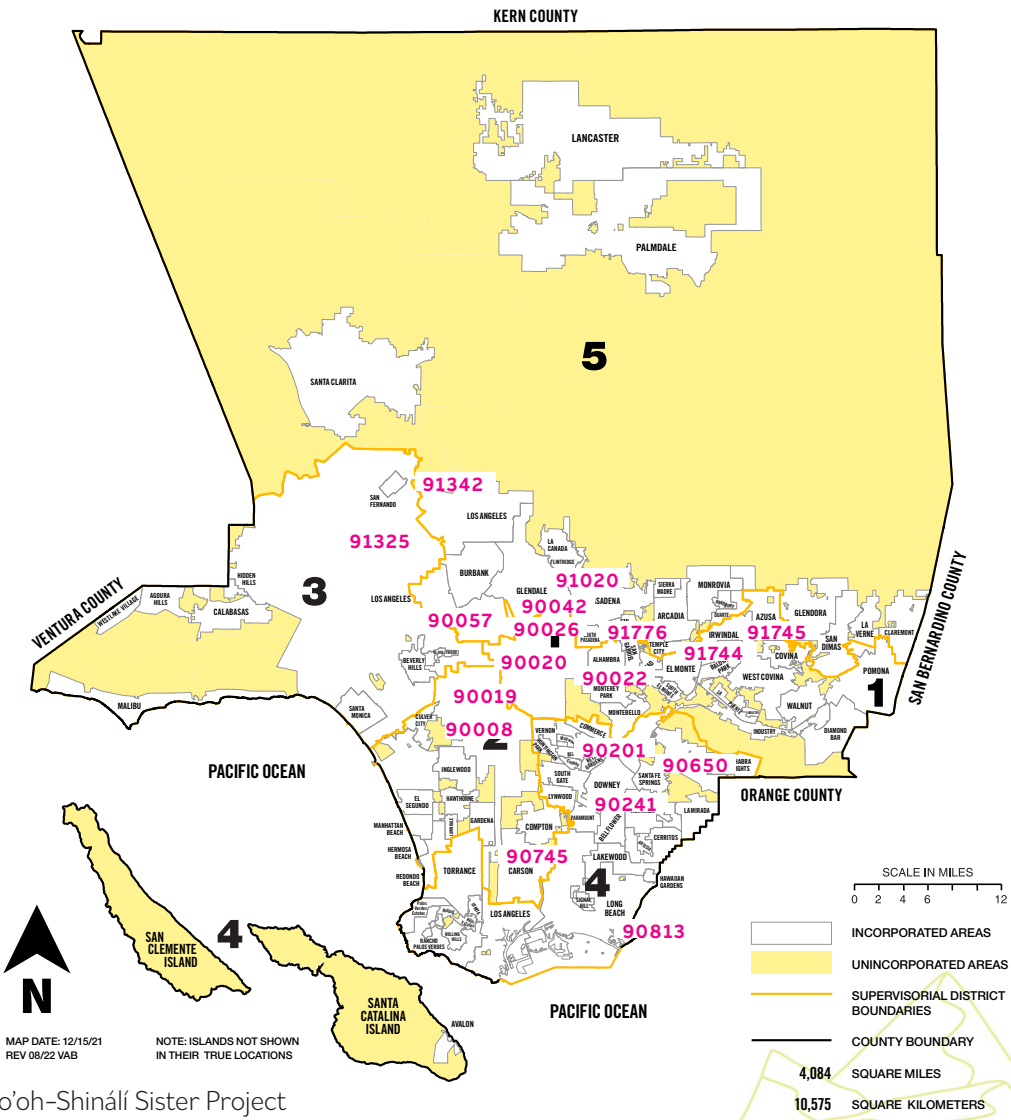
Cohort demographics

Our Relatives, Restoration, and Reciprocity: Wellness Cohort members represent over 20 different Tribes according to pre-survey findings.

Table 1: Number and Type of Tribal Identities Represented in Cohort

Afro-Nahua to Kuskatan	Huichol	Oglala Lakota
Chickasaw	Raramuri	Purepecha
Chihene NDE Nation	Inupiaq	Skokomish
Choctaw	Navajo	Yakama
Ho-Chunk	Maya mam	Taino
Gila River	Mexica	Tohono O’Odham
Otomi	Nahua Pipil	Cherokee

Our 35 cohort members currently reside across LA County as seen in the map to the right.



Additionally, as reflected in Figures 3–5, we asked a series of questions in our pre-survey related to knowledge of T2D and Mental Health Services in LA County for Indigenous communities.

Question: Are you aware of diabetes education services available in Los Angeles County for Indigenous people?

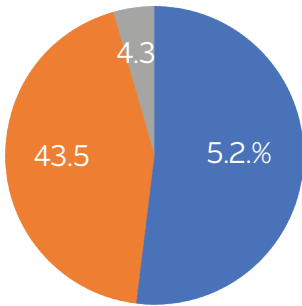


Figure 3: Diabetes Education Services Awareness among Cohort Members

- No services
- 1-2 services
- Many services

According to Figure 3, over half of cohort members (52.2%) reported that they were not aware of any diabetes education services available in LA County for Indigenous people. Another 43.5% of participants reported that they were aware of one to two services, while only 4.3% of participants were aware of many services available.

Question: To what extent do you agree with the following statement: I am confident I have access to mental health resources in Los Angeles County.

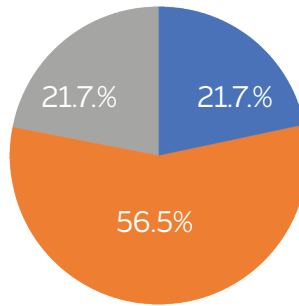


Figure 4. Access to Mental Health Resources among Cohort Members

- Disagree
- Agree
- Strongly Agree

In Figure 4, we see that the majority of the cohort agreed (56.5%) or strongly agreed (21.7%) that they were confident they had access to mental health resources in Los Angeles County. Only 21.7% of participants disagreed with the statement.

Question: To what extent do you agree with the following statement: I am confident I have access to mental health services that are culturally sensitive to AI/AN and Indigenous peoples.

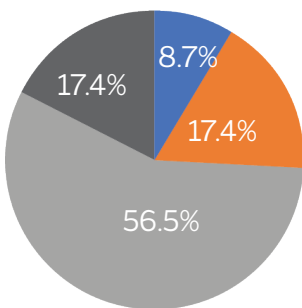


Figure 5: Access to Culturally Sensitive Mental Health Services among Cohort Members

- Strongly Disagree
- Disagree
- Agree
- Strongly Agree

Similarly in Figure 5, most cohort members agree (56.5%) or strongly agree (17.4%) that they did have access to mental health services that were culturally sensitive to AI/AN and Indigenous peoples. Still, 17.4% of participants disagreed with the statement, and 8.7% strongly disagreed that they had access to culturally sensitive mental health services.



POST-SURVEY FINDINGS

After each in-person cohort meeting, we provided voluntary post-surveys to learn about cohort members' experiences and identify ways we can continue to improve programming.

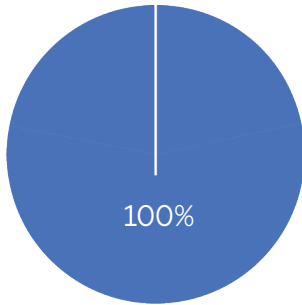


Figure 6: Percentage of Participants Who Would Attend Another SSSP Event

Figure 6 shows that all participants who took the survey for both sessions unanimously agreed that they would attend an SSSP event again. Reasons for wanting to attend again included the welcoming and informative environment, the opportunity to connect with community, the education, and guest speakers.

Participants were also asked, based on what they had learned in each session, to rank on a scale of one to five how helpful they felt it was for Indigenous people to engage in cultural practices to experience mental and spiritual wellness. For both sessions, participants agreed that it was extremely helpful (range: 4.9–5.0). There was only one participant who ranked the statement as a three in the second session rather than a five; all other participants ranked it as a five.

Using the same scale, participants were then asked how likely they were to continue using art activities, such as beading, to support their mental health. Again, all participants from the first session, and most from the second, ranked this statement as a five, indicating that they were strongly likely to continue to use art to support their mental health (range: 4.9–5.0). Only two participants in the second session ranked this statement as less than a five (3 and 4, respectively).

Experiences of Connection and Mental Wellness Contribution

Did this community event positively contribute to your mental wellness?

Did you connect with a loved one or community member in a meaningful way during this event?

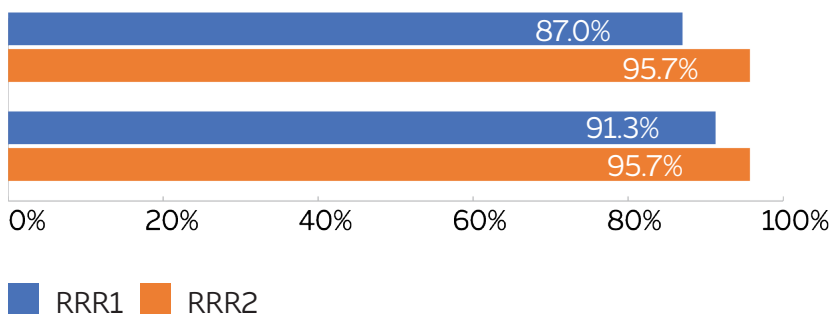


Figure 7: Cohort Members' Experiences of Connection and Mental Wellness Contribution

In addition, participants were asked whether the event had positively contributed to their mental wellness. As seen in Figure 7, 87.0% of participants in the first session and 95.7% of participants in the second session responded that the event had positively contributed to their mental wellness. Two participants did not respond for the first session, while one responded in the negative for the second session.

Finally, participants were asked whether this event had given the opportunity to connect with a loved one or community member in a meaningful way. Again, most participants responded in the affirmative: for session one, 91.3% agreed with the statement, while for session two, 95.7% of participants agreed. For the first session, two participants did not respond, and one responded that they were unsure if they had had this opportunity. For the second session, one participant did not answer the question.

BEADING FOR COMMUNITY WELLNESS

Our first cohort gathering fostered community connections as cohort members learned how to bead a juniper necklace and earring set and discussed ways beading can be used as a coping tool to support mental health challenges that come along with T2D. The gathering was facilitated by the talented Diné artists and advocates, Brighid (Birdie) and Nora Pulskamp. During our time, we addressed the importance of restoring ancestral wellness practices related to physical, emotional, mental, and spiritual wellness by sharing teachings about the juniper plant and its seeds. Our facilitators taught beading as a coping skill related to traditional cultural practices, mindfulness, and stress management when navigating T2D medical conditions. The beading project was intentional and accessible to all skill levels. Using the juniper bead was symbolic as it represented our connection to Mother Earth and the many blessings and medicines that surround us. Our facilitator shared how her family and community use the juniper plant for nutrition and its low glycemic properties. We also discussed how our ancestors from various lands ate versus how we eat today due to colonization and socioeconomic factors as residents within an urban setting. We emphasized how these diet adjustments have profound repercussions on our health outcomes as individuals, families, and as an extended community while also providing ways to create change to manage and prevent chronic diseases such as the importance of caring for our mental health when experiencing chronic diseases such as T2D.



(RE) THINK YOUR DRINK

(Re)Think Your Drink was a herbal medicines workshop in collaboration with Berenice Dimas of Hood Herbalism. During our time together, we discussed the physical impacts of T2D and also created our own herbal tea blends as a healthier alternative to high-sugar and high-processed beverages. Berenice's session covered the basics of what diabetes is and how it affects the body, along with myths and facts, an activity on the glycemic index, and how to read nutrition labels. During this time community members were able to ask questions and engage in conversation and much of the learning also came from their contributions as they shared a wealth of knowledge, and personal testimonies while supporting one another. Additionally, Berenice also grounded part of her lesson on the impact of colonization and our current health outcomes which helped to show that the high rate of diabetes is very much a systemic issue that goes back to the colonization and violence against Native peoples and our lands. When talking about systemic impacts, she also gave many examples of small actionable changes we can make to change the narrative of our health outcomes such as small modifications to our nutrition, movement, and the products we use on a daily basis. Cohort members also learned about a variety of herbs and how they contribute to chronic disease prevention and management. To help support making changes at home, members were able to take home a container of their personal herbal tea blend, locally sourced honey, and a live plant.



PLACE-BASED COMMUNITY PICNIC

***Note event will be held on July 20, 2024**

Our wellness cohort will conclude with a Place-Based Community Picnic in partnership with prominent Tongva and Kumeyaay elder, Virginia Carmelo, and renowned Potawatomi and Mexican American chef, Pyet DeSpain. Cohort members will learn more about healthy eating to prevent obesity and also reduce the risk of diabetes, heart disease, and other related chronic diseases as Chef Pyet will focus on how we bring traditional cooking and our foods into a modern light. This will also include storytelling by Virginia Carmelo where she will teach about the history and lands here in Los Angeles as well as significant Tongva sites. This will include a discussion on the loss of land, disconnection from traditional foodways, and the reclamation of Indigenous eating practices. Through cohort members will learn more about healthy eating to prevent obesity and also reduce the risk of diabetes, heart disease, and other related chronic diseases. Finally, we will conclude with group reflection and discussion on commitment to continued healthy eating habits.

COMMUNITY FEEDBACK

Relatives, Restoration, and Reciprocity: Wellness Cohort | Beading for Community Wellness

Quote 1

“I feel very connected to the community & love how this links together culture, diet education & mental health.”

Quote 2:

“Really had a nice time. This is very much needed, you never know what others are going through.”

Relatives, Restoration, and Reciprocity: Wellness Cohort | (Re)Think Your Drink

Quote 1

“Every SSSP event I have gone to, [I’ve] learned and gained so much information about community wellness and what it looks like.”

Quote 2:

“I absolutely love the education and intention behind each class. I learn more here than at my nutritionist through my insurance.”

CHANGE STORY

Dannie Ceseña

(he/him/they/them)

Nahual

Cohort Member

This cohort has had many positive effects and changes within my life and within the community. Since engaging in SSSP and the cohort, I have experienced a lot of healing and it reconnected me to my ancestors. The beading activity with Birdie had me sit in silence as I not only concentrated on beading, but it provided an opportunity to come to the realization that this is how my ancestors, as recently as my great-grandmother who raised me, would make our clothes, hair clips, etc. There was a moment when I teared up because I forgot about those core memories. I remember coming home from school and she would fit me for shorts, and shirts, add in decorations, and spend hours sewing and beading either in her chair or at the kitchen table. The love, the care, and the intention put into each piece is something that I took for granted, and a skill that I never learned. While we were beading I could feel the cool air of her house graze across my skin again, and I heard the swings of the school swinging back and forth with child-like laughter. I really saw how the disconnect created a “hurry up and complete this next thing” attitude in my life. Since this was an activity that required concentration and for me to “slow down”, I realized how much of what I lost in terms of cultural connection due to colonialism. I started slowing down, engaging in meaningful altar work, and being more intentional with my day-to-day life. This really showed me how much balance was missing in my life and I have been spending the last few months setting boundaries with work and life expectations, and I’ve started slowing down and taking better care of who I am both bodily and mentally.

The meeting with Berenice unlocked another core memory and made me (again) think back to my great-grandparents. I forgot about how they grew their own herbs and flowers and the medicine that was given to me from their garden. Hearing how various herbs and flowers healed certain ailments, and the body’s chemical reaction to them reconnected me to the land and made me more aware of what is planted in my garden. I have been slowly trying to cut out soda and am working on being more mindful of what I drink and how it affects my body. I have noticed that I do want soda, and other unhealthy choices, when I am stressed out, anxious, and even restless. Learning what Berenice taught us made me slow down and think, “Why am I craving a soda right now? What is going on with my body?” I am able to sit back, close my eyes, and do a full body awareness to identify where the feeling is coming from. I’m seeing it’s from wanting to move my body (walk around the neighborhood) to release stress, it’s from feeling agitated with whatever is going on with my day, it’s from feeling anxiety when my house is a complete wreck because I haven’t been able to keep it up due to work, and more. Now that I can pinpoint where the various emotions are coming from, I’m starting to drink soda less. I am noticing that when I do drink soda, I feel absolutely miserable for several hours. Now I keep a pitcher of tea in my refrigerator and I reach for that whenever I want a soda.

The last thing I wish to say is, I appreciate how SSSP ensures that there is a balance between the elders and the younger generation. I am thankful that SSSP is finding ways to bring us together so we may hear their stories and learn from them as we engage in discussions and lunchtime conversations. SSSP is creating a community many of us never knew we needed, while providing us the opportunity to heal and restore what we have lost throughout the generations.



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CHANGE STORY

Eva Powless

(Ukwehu-wé “She is Oneida”)

So’oh-Shinálí Sister Project | Director of Community Relations

These events created a safe space to explore diabetes and learn new ways to manage the health condition. Personally, diabetes runs in my family and is never really talked about until someone receives a medical diagnosis. The topic of diabetes often feels uncomfortable and unfamiliar due to shame and stigmas – so to join a safe space like this was eye-opening and good medicine for me! It was beautiful to engage, connect, and learn with our community. The intentionality to uplift our diverse tribal traditions and cultural teachings shined through each workshop. These events provided visibility for urban Native community members and increased access to [support and resources]. In RRR 1, the facilitator Brigid (Birdie) Pulskamp did an amazing job at engaging and connecting with the cohort. I loved how Birdie highlighted beading as a coping strategy (stress management) and tied in traditional teachings (mindfulness, practicing gratitude) while leading us through the hands-on activity. Birdie shared teachings about the importance of reciprocity, community, and honoring Mother Earth when guiding us through the Juniper necklace project. The beading project was grounding and allowed community members a space to practice self-reflection regarding their personal wellness journey. These workshops provided safe spaces to learn, explore, ask questions, and discuss.



RECOMMENDATIONS

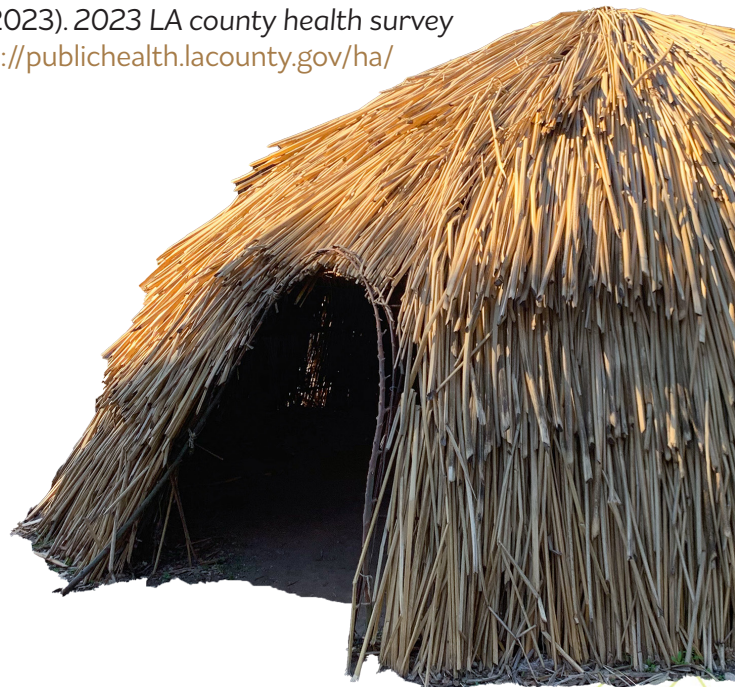
Based on what we have learned from pre/post surveys, in-person programming, and testimonials, we recommend continuing to coordinate culturally rooted chronic disease prevention programming for our Indigenous community members throughout LA County. Through being in community with one another, we saw how important these educational and community-centered sessions have been. There is a high need to create safe learning spaces around T2D that are rooted in Indigenous teaching to help dismantle the personal shame and reduce the negative stigma attached to T2D. Many cohort members shared their personal experiences with T2D and the negative feelings or shame attached to this chronic disease within Western medical settings. Our session provided a space to unpack these feelings by discussing the unique relationship our communities have with T2D due to colonization. We used this trauma-informed lens to guide our discussion while staying solution-oriented and sharing the resilience of our community by uplifting Indigenous knowledge and practices that have supported the well-being of our ancestors and relatives long before and after colonization. Many participants shared how these sessions provided so much knowledge and teaching and created needed visibility.

Other recommendations we received were to plan more wellness programming centered around physical movements such as walking groups, hiking, light workouts, and foraging. Many community members enjoyed our *(Re)Think Your Drink* cohort gathering and shared that they would be interested in learning how to forage so they can continue to practice these Indigenous teachings and incorporate plant medicines into their diet through a reciprocal relationship with the land.

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Relatives, Restoration & Reciprocity

Wellness Cohort



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