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Diabetes Prevention Strategies for the Diné: Cultural Learning to Implement change. A Qualitative Study

Author

Vela, Jaime

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Diabetes Prevention Strategies for The Diné

Cultural Learning to Implement Change

A Qualitative Study

A dissertation submitted in partial satisfaction of the

requirements for the degree Doctor of Philosophy

in Anthropology

by

Jaime Vela

2024

ABSTRACT OF THE DISSERTATION

Diabetes Prevention Strategies for The Diné

Cultural Learning to Implement Change

A Qualitative Study

by

Jaime Vela

Doctor of Philosophy in Anthropology

University of California, Los Angeles, 2024

Professor Russell Thornton, Chair

The purpose of this qualitative study was to explore Diné stories as a culturally appropriate educational method in the active implementation of diabetes prevention strategies among Native Americans. Native Americans are 2.3 times more likely than European Americans to be diagnosed with diabetes and die from this disease. In fact, Native people die at a rate that is 200% higher than the U.S. population (Indian Health Service, 2007; Office of Minority Health, 2011). As of 2020 Partners in Health (PIH) has reported that one in three Navajo individuals are diagnosed as diabetic or pre-diabetic. This high rate of disease warrants immediate intervention. A foundational assumption of this study is the critical importance of a culturally appropriate educational method which will inform decision-making about individual and communal health and well-being. This study will build on research about Indigenous education (Battiste, 2013; Brayboy, 2005; Reyhner, 2013; Ritskes & Sium, 2013) and public health (Grace, 2011; Lombard et al., 2012), which demonstrates the value of stories as an effective means of "transformative

learning," with the potential to influence behavioral change. The focus of this qualitative study was on the stories of the Diné as a means for positive change in health outcomes for their community. The overarching focus of the study was what we would be able to learn from Diné participants' stories that show us ways in which they have been able to implement diabetes prevention strategies in their own lives. Using a method based on Seidman's (2013) phenomenological interview process, I have given voice to testimonies rooted in traditional Diné values and practices. I learned about the lived experiences of participants related to diabetes, and from their own diagnosis or that of a family member. I also engaged in a form of reciprocal interviewing, in which I shared with participant current effective prevention strategies, such as an improved diet, which is a proven factor in mediating the risk of diabetes (Center for Disease Control, 2011). I then developed narrative profiles for each participant (Seidman, 2013) which present their unique experiences. This approach constituted the first stage of data analysis and also allowed me to ultimately present the data in a form that is a true representation of each participant's stories.

Keywords: phenomenology, culturally appropriate education, storytelling, diabetes interventions

The dissertation of Jaime Vela is approved.

Christopher J. Throop

Yunxiang Yan

Kristine Marie Flanagan

Russell Thornton, Committee Chair

University of California, Los Angeles

2024

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Acknowledgements

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VITA.

New Mexico State University

- MA in Anthropology (Archaeology, Cultural); Graduate Minor in Native American Studies
- Completed Summer Archaeological Field School, Kipp Ruin, Deming NM

University of Central Florida

- BA in Anthropology
- BFA in Theatre-Performance
- BA in Psychology
- BS in Criminal Justice with Certificate in Criminal Profiling

Professional Career Development Institute, Atlanta, Georgia

Professional Paralegal Program, Specializing in Civil Litigation

SCHOLARLY PUBLICATIONS:

- Vela, J.G. (2017). Returning Geronimo to his homeland: The application of NAGPRA and broken treaties to the case of Geronimo's repatriation. *American Journal of Indigenous Studies, 1,* SI78-SI93. Retrieved from http://www.asraresearch.org/ajis-special-issue-vol-1-no-2/

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PROFESSIONAL PRESENTATIONS:

- Cultural Properties Review Committee Historical Register [Presentation]. "Moon Artifacts Nomination."
- Research, Pedagogy, and Other Institutional Practices Conference [Presentation]. "Participatory Action Research: Cultural Sources of Strength Embedded in the Persistence of Native American College Students."
- New Mexico Higher Education Assessment and Retention Conference [Presentation]. "The Ontology of Diversity: Pedagogy for Native American Ethics and Philosophy."

- New Mexico State Legislative Indian Affairs Committee [Presentation]. "The Uranium Abatement of contaminated well water on the Navajo Reservation to Provide Potable Water."
- New Mexico State Legislative Water and Natural Resource Committee [Presentation]. "The Uranium Abatement of contaminated well water on the Navajo Reservation to Provide Potable Water."
- New Mexico State Legislative Radioactive and Hazardous Materials Committee [Presentation]. "The Removal of Uranium from contaminated well water on the Navajo Reservation to Provide Potable Water."

PROFESSIONAL ACCOMPLISHMENTS:
University of California: Los Angeles

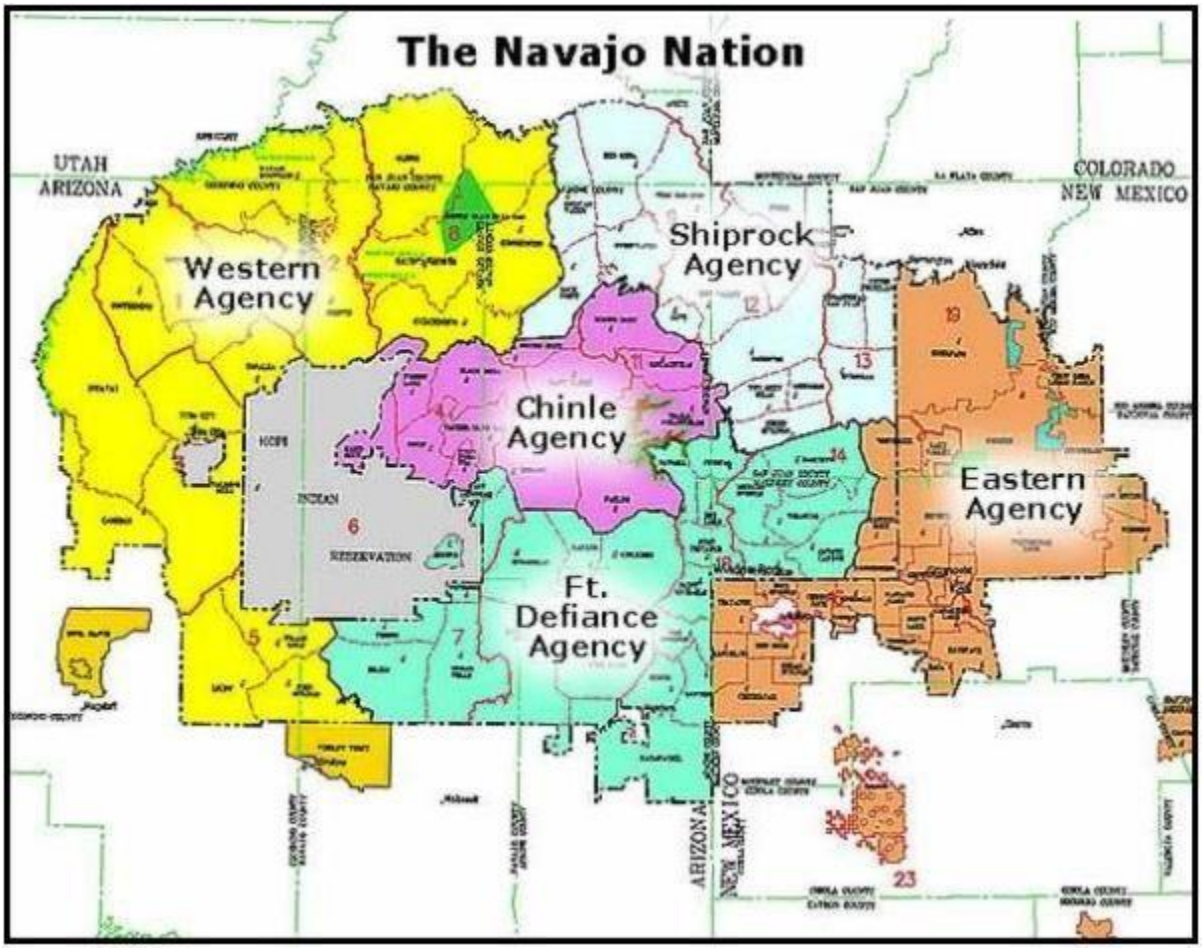
- Worked with a team as a Researcher on an IMPACT 2.0 evaluation/assessment of their program. Conducted observations of teaching apprentices in their classroom and conducted interviews. Performed transcription and analysis/coding of data with the team. Fall 2015.
- Member on the NAGPRA committee at UCLA Fowler Museum for the Repatriation of Native American Remains 2014-2015
- Recipient of the Kneller Award in Education and Anthropology – UCLA Fall 2015
- Recipient of the Cota-Robles Fellowship – UCLA – Dept. of Education – Fall 2014
- Guest Speaker- Notre Dame High School, Sherman Oaks, CA. Presented to students the Native American perspective of USA history. (To enlighten the youth of Native American history in the USA). (Fall, 2018 & Fall, 2019).
- Guest Speaker – Chaffey College. Southern California. "Storytelling and Diabetes Prevention Among the Navajo". (February 2021).

University of Central Florida

- Office of Student Conduct Hearing Board Member at UCF (4 years) Resided on the board to hear student conduct cases and formulated recommended sanctions along with the other hearing board members. Also deciphered what would be the best solution to help the student progress and learn.

New Mexico State University

- Part of a team to successfully complete a nomination to the New Mexico Register of Cultural Properties. (Archaeological objects on the Moon were put on the Cultural Properties Register).
- Bernadillo Board of Commissioners Honorary Certificate, for successful nomination of moon artifacts to State Register of Historical Artifacts (State of New Mexico)
- Member of Lambda Alpha National Collegiate Honors Society for Anthropology. Member of: Society of Ethnobiology and American Society for Horticulture Science and Archaeological Institute of America.



The Navajo Nation in the U.S. Southwest.

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Introduction

As a Chiricahua Apache, I know from lived experience that my people have acquired a significant amount of education through the medium of storytelling (oral transmission of knowledge). One underlying assumption of this work is that storytelling has been shown to be an effective way for Native Americans to express their experiences and learn about Western medical practices. The focus of this study will be based on the experiences of several Diné (Navajo) individuals, whose lives have been touched by diabetes. The traditional homelands of the Diné (literally "the people") are located in the Four Corners region of the Southwest, which includes Arizona, New Mexico, Colorado, and Utah. This study will examine the following research question: *"What can we learn from Diné participants' stories that shows us ways in which they have been able to implement diabetes prevention strategies in their lives?"* It has been demonstrated that we, as Native Americans, learn our history, culture, rituals, values, beliefs, and language best through the medium of storytelling. As Brayboy (2005) writes, "Stories are the basis for how our communities work; through stories, we construct roadmaps that help us ensure the survival of our communities" (Brayboy, 2005, p. 427). Brayboy is an Indigenous scholar who has worked extensively with Native American communities. In his work, he acknowledges that storytelling is the primary method of learning for Native Americans (Brayboy, 2005). This reinforces my experience as an Indigenous scholar and in my own work with Native American communities. It is important that I point out at the outset, that from the perspective of Native Americans, life stories are often referred to as "storytelling," whereas in Western academia the term connotes more a fictional narrative (Deloria, 2001). It is the purpose of this study that stories are the telling of life experiences from one to another as a way of educating others (Deloria, 2001). It is important to reiterate that the term be understood in this

context, as the nuance in meaning has, at times, caused a disconnect between Western academia and Native American cultural practices. The stories I will present in this study reflect the traditional way of learning for the Diné as well as for other Native American communities. It is through their own shared lived experiences that Native people are best able to express themselves and learn from one another. This is why this modality has been used successfully to disseminate new medical information throughout the community, including effective diabetes prevention strategies.

According to the Indian Health Service (IHS), the prevalence of diabetes is higher among Native Americans than any other ethnic group in the United States (IHS, 2012). Diabetes is the sixth leading cause of death among adults nationwide and is the fourth leading cause of death among Native Americans (Office of Minority Health, 2010; Center for Disease Control, 2011a). Native American adults are 2.3 times more likely than European American adults to be diagnosed with diabetes (Office of Minority Health, 2011). Ultimately, Native Americans die from diabetes at a rate that is 200% higher than the U.S. population overall (IHS, 2007). As of 2020, Partners in Health (PIH), reports that one in three Navajo are now diabetic or pre-diabetic. PIH also reports that in some areas of the Navajo reservation, health care workers report a rate of diagnosis as high as 50% of patients served [This website should be cited properly, with author's name and listed in the bibliography (pih.org/country/navajo-nation, 2021).] According to the CDC (2020), an estimated 100,000 Navajo, which is about one half of the adult population, are living with pre-diabetes or type-2 diabetes. It is this information that motivated me to conduct research about the efficacy of strategies which can address this urgent issue among the Diné people.

According to the CDC, the two most common forms of diabetes impacting health on the

Navajo Nation are Type-1, Type-2 diabetes (Centers for Disease Control, 2011b). It is also important to be mindful of the risk posed by the condition known as pre-diabetes, which is important to understand so that the progression of the disease to Type-2 diabetes can be avoided. A person with pre-diabetes may have sugar levels are higher than normal but not high enough yet to qualify as Type-2 diabetes. This condition can be prevented if the population is made aware of the dangers of being pre-diabetic. It is estimated that as much as 95% of the Diné population are not aware that they are pre-diabetic, and therefore, do not know they must take steps to prevent the progression to Type-2 diabetes. Type-2 diabetes can be described as a condition in which the body does not absorb insulin efficiently and fails to maintain normal levels of blood sugar. Type-2 diabetes can be regulated if diagnosed early and can eventually be controlled with medical treatment as well as the development and maintenance of health lifestyle habits. If not treated, Type-2 diabetes can lead to Type-1 diabetes, an autoimmune reaction which stops the body from making insulin. Type-1 diabetes, which was once known as juvenile diabetes, can in fact occur at any age, although a late onset is less common (CDC, 2022). Type-1 diabetes can present as more severe to the individual, and can lead to medical complications such as amputation, coma, and death. A diagnosis of Type-1 diabetes compels the individual to change their lifestyle habits, including diet and exercise, and they will be required to take insulin every day for the rest of their life. Only a small percentage of the Diné have been diagnosed with Type-1 diabetes (CDC, 2022). The majority of the Diné people who are diagnosed with diabetes, have Type-2 diabetes, and the two most effective forms of diabetes prevention are improvements to diet and exercise (CDC, 2022).

I viewed this study as a step toward developing a culturally sustaining and a meaningful method of educating the Diné and other Native people affected by diabetes, about how to

integrate effective prevention strategies into their lives. Since storytelling is such an integral part of the traditional way of acquiring knowledge for the Diné and other Native Americans, this method has tremendous potential for effecting behavioral change and implementing diabetes prevention strategies. The goal of this study is twofold. The first goal is to use the medium of storytelling as a means by which we give voice to the lived experiences of the Diné participants, and to learn about ways in which they have been able to implement behavior change around diabetes prevention. The second goal is to use the same medium as a way to effectively transmit knowledge about diabetes prevention strategies to these same participants. The ultimate objective of the study is to facilitate the dissemination of findings which result from these reciprocal interactions, and to bring about positive behavior change among the Diné living on the Navajo Nation and in other regions of the country.

Specific Aims and Research Question

This study examines stories recorded from interactions with Diné participants and illustrate ways in which they have been able to implement diabetes prevention strategies in their lives. Previously, a pilot study was conducted with Diné tribal members which were interviewed with a focus on storytelling as an effective means of transmitting knowledge among Native people. The results of this study were published with findings which confirmed that storytelling is an effective medium through which Native people can talk about their experiences, and learn new behaviors and habits (Vela, 2019). This study builds upon the findings of the previous study, using this educational method to convey and receive knowledge about diabetes prevention strategies. The ultimate goal of this study has been to use the narrative profiles developed from Diné participant interviews, and to present the knowledge obtained both in the form of a publication and a short documentary film. These will then be disseminated to the Diné living on

the Navajo reservation. Through storytelling, effective ways of implementing diabetes prevention strategies will be made available the larger population in a format that is accessible and culturally appropriate. The research question that guided each stage of the study is: *"What can we learn from Diné participants' stories that shows us ways in which they have been able to implement diabetes prevention strategies in their lives?"*

Storytelling and Indigenous Peoples

For the purposes of this study, the term "storytelling" is used in a particular way which is important to clarify. For Indigenous peoples, the term "story" or "storytelling" can be understood in a number of diverse yet intersecting ways; they are integrated and integral to an overall cultural reality. An example of narrative storytelling as an Indigenous practice is described by Jo-Ann Archibald, (2008). Stories can be understood by Indigenous peoples as a method of conveying cultural messages, practices, and lessons. Stories are used to explain traditions that will be passed on to future generations, and to share one's own lived experiences (Archibald, 2008). This understanding is differentiated from the Western cultural understanding of the terms "narratives" or "stories" as tales, which are known to be false or fictitious works, based in fantasy, and meant to entertain. Such stories are understood in the European cultural context as reported events that exist outside of the individual and are separate from his/her own lived experiences.

To elaborate, Indigenous cultures often refer to stories which feature mythical characters, such as the coyote and other spirit animals. These stories serve the same purpose as the stories of life experiences but in spiritual form. Indigenous peoples learn from these narrative stories which shape their cultural beliefs and values and keep their traditions alive. For example, Archibald (2008) tells of a story about Slug Woman who slays a Native American man because

he did not obey an ancient tradition. This story serves to teach the Indigenous youth that it is important to follow the traditions of their tribe. Archibald (2008) also mentions another story about Coyote and some of his adventures as a trickster. Coyote is a spiritual character that acts in a particular way, to teach the listener a lesson about the environment and their traditional beliefs. This type of storytelling is not the focus of this research but remains critical to the cultural traditions of Indigenous peoples. Joseph Bruchac (2003), a nationally acclaimed Native American storyteller and writer, wrote a book full of stories telling of Native origins and life experiences. In Our Stories Remember: American Indian History, Culture, and Values through Storytelling, Bruchac provides excellent examples of stories Indigenous peoples have shared with others in order to tell them of their lived experiences.

Health Disparities and Indigenous Peoples: Storytelling Research

While the overall prevalence rate of diabetes in the U.S. overall is estimated to be 7% in some tribes the rates is as high as 50% among the Navajo (Mendenhall, 2010; Archibald, 2008). Native Americans also suffer disproportionately in terms of morbidity and mortality associated with diabetes and diabetic complications (Mendenhall, 2010; Archibald, 2008). According to Mendenhall et al. (2010), the health status of Native Americans "…is consistent with Indigenous groups' health trends across the world, insofar as they fare worse in nearly every physical and mental health category that is documented compared to their non-Indigenous counterparts" (p. 360). Many authors attribute these health disparities to the rapid adoption of Western diets and lifestyles following the subjugation of Native American peoples and cultures by Western settlers over the last several hundred years (e.g. Lieberman, 2008; Mendenhall et al., 2010; Braun et al., 2002; Lombard, 2006).

Thus, a critical theoretical approach to understanding and resolving these health

disparities takes these historical and socioeconomic factors into account and are evident in the etiology of diabetes among Native Americans. Additionally, with their focus on improving life conditions through an inclusionary and empowering approach to research, critical theory, and critical participatory action theory, inform methodologies such as Community Based Participatory Research (CBPR) and Community Based Participatory Action Research (CBPAR). Such approaches are more effective than prior approaches in addressing the concerns expressed by Native American groups, both about current health disparities and also historically based wariness regarding research initiatives. To this end, a focus on ethics and inclusionary research, the protection of and resulting benefits for participants has become a prominent focus of more recent scientific endeavors. Scholarly articles about Indigenous populations have begun to reemerge, often reporting results of a study using the CBPAR approach. Though the research presented here is limited to work with participants living in the Navajo Nation, valuable and relevant research has also been published regarding other Indigenous populations and is therefore included in this review.

Qualitative Health Research and Projects within Indigenous Communities

Mendenhall et al. (2010) conducted a comprehensive CBPR and a pilot CBPAR anti-diabetes initiative among Native American communities in the Midwest. As a preliminary step towards determining effective health interventions, the research team contacted tribal and community elders as well as healthcare professionals involved in the delivery of services to the Native American communities being targeted. Through open-ended discussions with tribal elders, the researchers identified diabetes as a significant concern. Mendenhall et al. (2010) write that "…at the outset, a great deal of discussion (spanning several meetings) between… administrators/providers and community elders/leaders took place before proceeding to the

project's next steps" (Mendenhall, 2010, p. 364). Eventually, the authors report that diabetes became the focus of the project, as it became clear that "…American Indian community leaders and tribal elders in the cities of Minneapolis and St. Paul, Minnesota were worried about the ever-increasing prevalence of diabetes and its impact on their people" (Mendenhall, 2010, p. 363). After this initial agenda-setting step, additional community leaders were identified by the tribal elders and other members of the community who participated in the agenda setting. This provided a means of increasing community support and social awareness of the project (Mendenhall et al., 2010). Mendenhall and the team members continued to facilitate additional community meetings to elicit information about the perceived causes of diabetes and the barriers to prevention. These meetings included all primary stakeholders as well as provided open forums for the general target audience. As a result of this process, strategies for addressing the causes and barriers were developed.

Mendenhall et al. (2010) also note that, "providers and researchers learned about [American Indian] culture, the diversity of cultures/tribes within this larger frame… belief systems, and manners—all because they were allowed into the [American Indian] community itself" (Mendenhall, 2010, p. 365). Thus, this initial process of back-and-forth discussion allowed research team members who were not familiar with the culture of the Native American tribe involved in the study, to learn more about them, so that ultimately, culturally relevant and culturally sensitive components could be included in the pilot project. The pilot project involved educational and screening components administered by community members to their peers, and also by health professionals; educational activities such as cooking, tailored to community tastes and resources, and "a variety of lively activities consistent with [American Indian] culture" (Mendenhall, 2010, p. 365). These activities included storytelling, drumming, theatre activities,

talking circles for health education, and other cultural traditions. Furthermore, community members became so involved in the participatory action component of the project that they developed and implemented activities independent of the actual pilot project, including creating a community garden (Mendenhall et al., 2010).

Though the results of the pilot study did not show significant changes in the clinical delivery goals, other results were significant. At a 3-month follow-up, a significant reduction in the average blood pressure of diabetic participants was noted, as well as significant improvements in metabolic control (Mendenhall et al., 2010). The authors identify the CBPR methods and cultural components as key strengths of the project:

> The culmination of these activities and methods—tapped through CBPR processes that collaboratively unite [American Indian] community members' respective viewpoints and voices. This is consistent with and contributes to existing (albeit sparse) CBPR literature and practice-recommendations that advocate the reclaiming of traditional ways and integrating them sensitively and purposefully with current scientific knowledge/education en route to better health (Mendenhall et al., 2010, p. 367).

Theoretical Framework

The study described here was influenced by the theory known as phenomenology, which was first attributed to the German philosopher Edmund Husserl (Smith, 2013). The approach to research informed by the theory of phenomenology is characterized by the process of inductive reasoning, the importance of individual context, and meaning making (Maxwell, 2012; Mertens, 2010). To elaborate, this way of looking at the research process is decidedly more in line with methods that are more easily adapted to Indigenous ways of relating to others, and to constructing knowledge on the basis of their lived experiences (Brayboy, 2012). Moreover, the ontology of the approach undertaken throughout the research effort presented here can be described by the idea that multiple meanings can be derived from observing the same event or

from what is referred to as *reality*. The theory of phenomenology can be further understood as the study of the structures of experience, or consciousness (Smith, 2013). Smith (2013) describes Husserl's theory of phenomenology as:

> a complex account of temporal awareness, spatial awareness, attention, awareness of one's own experience, self-awareness, the self in different roles, embodied action, purpose or intention in action, awareness of other persons, linguistic activity, social interaction, and everyday activity in our surrounding lifeworld" (Smith, 2003, 2013).

Methodology

The methodology used for this study is derived from the theoretical framework, and is referred to as narrative phenomenology. Literally, "phenomenology is the study of "phenomena," which refer to the *appearance* of things, rather than to an objective reality. In phenomenology, things and ideas exist as they appear to us in our subjective experiences; they are how we experience the world and what is happening. In this way, phenomenology seeks to describe what meanings are made from objects or events found in each person's own lived experience (Smith, 2013). Phenomenology addresses reality as it experienced from the subjective point of view of the individual (Smith, 2013). Smith states that, "phenomenology studies the structure of various types of experience ranging from perception, thought, memory, imagination, emotion, desire, and volition to bodily awareness, embodied action, and social activity, including linguistic activity" (Smith, 2013, p.3).

Methods

Given the overarching paradigm that defines the approach that was taken in this study, field methods will also be influenced by this methodology. The primary qualitative method that were used are phenomenological interviews (Seidman, 2013). Seidman, 2013, states that phenomenological interviewing is a method derived from the work of Alfred Shutz (1967), Martin Heidegger (1962), Jean-Paul Sartre (1956), and Max Van Manen (1990), and developed into a method for anthropological inquiry by Seidman (2013). According to Seidman (2013), phenomenological interviewing is a technique that is characterized by an effort to explore "complex issues in the subject area by examining the concrete experience of people in that area and the meaning their experience had for them" (Seidman, 2013, 125). Informed by the theory, each participant will be asked open-ended questions, with a recognition of the temporal and transitory nature of human experience (Seidman, 2013). In other words, as much as possible, the interviews will be conducted with the goal of understanding each person's point of view about a given event or experience, and to emphasize this meaning made in the context of the person's life experiences. The method of phenomenological interviewing is highly compatible with ways of interacting and knowing that are compatible with methods employed by an Indigenous scholar.

Study Design

The design of this study is based in qualitative methodology, and more specifically, phenomenological in nature. My intention at the outset was to learn from Diné participants' stories that would show us ways in which they have been able to implement diabetes prevention

strategies in their lives. The research question is intentionally designed to be flexible and open-ended to be responsive to themes that would emerge within the context of the narratives shared by study participants. Artifacts such as pamphlets and brochures published by the Indian Health Services (IHS) were also included in the analysis, since these materials are currently being used as tools to educate the Diné as well as other Native American communities about diabetes. The interviews provided enough information about each participant in the study, to develop their stories in the form of narrative profiles.

Procedures

Selection of Participant-storytellers. The participants for this study were selected as a sample of convenience. To begin to recruit participants, I contacted Navajo individuals that I was already acquainted with and increased the number of contacts using the snowball sampling method by contacting other participants through Native American social and organizational channels. I purposively selected a balance of genders among the participants due to my assumption that males and females grow up with different experiences, and therefore, would express their stories in unique ways. The only requirement for age was that the participants were over 18 years of age, and there was no eligibility test based on languages spoken. One reason for the choice regarding age was to eliminate the difficulty in recruiting minors for the study. Languages spoken is not a factor in the selection of participants. Another selection factor was that they had to have diabetes themselves, or a family member with diabetes.

From the start, I was cognizant of the fact that to some degree I might display an emic perspective with regard to some of the phenomena I was planning to explore. However, I also kept in mind that in other ways, I was seen by my participants as an outsider, due to the fact I am not Navajo and did not grow up on the reservation. Aware of both emic and etic influences on

my perspectives, I asked the participants to bestow upon me some stories of their lives growing up and their Diné ways of learning about their culture and traditions (Seidman, 2013). I also asked them to share their life experiences of dealing with diabetes and what they knew about it before their diagnosis, and what they learned after having had experiences with diabetes. All participants were Diné and grew up in different areas of the Navajo reservation.

Data Collection

Consent to record. Participant-storytellers were selected on a voluntary basis and were given the option of providing responses orally or in writing. Each of the participants agreed to one oral interview, which was recorded with their consent and filmed. Participant-storytellers also agreed to provide responses in English. Interviewees were apprised beforehand as to the purpose and procedures for the interview and were encouraged to tell any life experiences they had dealing with diabetes, and also any traditional stories they were told pertaining to their cultural traditions and Diné ways of learning. To show respect to each interviewee, I assured them that their personal stories would be heard without interruption and honored in the sense that they would only be revealed to others with their approval. Because the stories recorded/filmed during each interview could also be seen as artifacts gathered for the purpose of cultural preservation, narratives off the topic of storytelling, ways of learning, and community projects would be seen as relevant to the scope of this research.

Phenomenological Interviews. The approach used in interviewing participants was phenomenological in nature, because the goal of each session is to understand the meaning made by Diné participants of their lived experiences. Interviews were conducted with five Diné men and women, and the overall goal was to obtain information through life stories, about how they have been able to implement prevention strategies and live with their diabetes. In order to save

time and also provide participants with a chance to reflect on the stories they shared, semi-structured interview protocol with open-ended questions was sent to each participant prior to their interview. Participants were informed at the beginning of each interview that there was no time limit, and they were free to explore the meanings that were elicited from each of the interview questions. At each interview, participants were asked to give his or her name and an introduction once the recording had started. Each participant was informed that upon completion of all the interviews, they would be provided with a written summary of the findings, and they would be given the opportunity to ensure that they approve prior to publication. Member checks will be conducted not only as a means to ensure accuracy of information gathered, but also as a sign of respect for the participant-interviewee relationship (Seidman, 2013).

Data Analysis

After all the interviews were completed and transcribed, I proceeded to conduct my analysis. Data from participants were developed into narrative profiles, which are also associated with Seidman (2013). The creation of narrative profiles represented the first stage in the data analysis process. The profiles contain participant information, life context, and verbatim excerpts, and stand in as a process similar to thematic categorization in other qualitative approaches. The narrative profiles provide context to the responses and bring to life the meanings made by participants about their stories (Seidman, 2013). The overall research question is, *"What can we learn from Diné participants' stories that shows us ways in which they have been able to implement diabetes prevention strategies in their lives?"* The effectiveness of narrative profiles as a management tool was confirmed in the pilot study.

The interviews were conducted from Los Angeles, via zoom, with the five Diné tribal members

as participants. The interviews were semi-structured and were conducted in English.

Data handling. Once a storytelling interview was completed, the recording was then duplicated to ensure that a backup copy existed in the event the original was damaged. Each recording and its copy were stored separately from one another to ensure additional protection of the data. All data has been stored in a locked, secure area by the PI.

Story compilation and initial presentation. Once all the stories were collected, and a sufficient amount of data was compiled, the recordings were made available to the participants for their review and approval. Censored stories were not included in the data analysis component of this study. It was important that the participants were allowed to share their stories in their own words to maintain the purity of their meanings. Narrative Profiles for each participant were developed based on the data collected and shared.

Data Use

Once the data was analyzed using a phenomenological approach, the results were made available to the interviewees for review. Input from the interviewees was solicited as to whether they felt the information, messages, and themes extracted from the stories were accurate. This feedback was documented, and this was added to the data corpus, and analyzed with the feedback included. New results will again be presented, and the process continued until a consensus is reached with the interviewees and deems the results permissible for further stages of use. Data was ultimately used in the PI's dissertation and a short video/documentary. After the completion of this study, a publication along with the short documentary will be made available to the public and specifically to residents of the Navajo Nation. The short documentary will be available for viewing on my YouTube channel geronimo vela - YouTube.

Production of recommendations for use. The PI has produced a dissertation and a short documentary sharing the stories from some of their own people and how they have implemented the diabetes prevention strategies in their own lives. Their stories will be helpful to the rest of the Diné in learning how to implement these strategies into their own lives. The short documentary can educate the youth and Diné community about the implementation of diabetes prevention strategies from the stories of some of their own people.

Short Documentary to be produced for use. The short documentary is based on the data that is gathered from the study. The PI will be the host/narrator and present the story from the Indigenous perspective on the ways to adapt diabetes prevention strategies into their everyday lives and their cultural environment. The documentary uses visuals and background music to help drive the story forward and enhance the message of the short documentary. The PI is director, writer, cinematographer, camera operator, editor, host/narrator and producer of the documentary. The documentary will be made available for the Navajo people and the rest of the world to learn from.

CHAPTER 2

Can Diné Storytelling Enhance Diabetes Prevention?

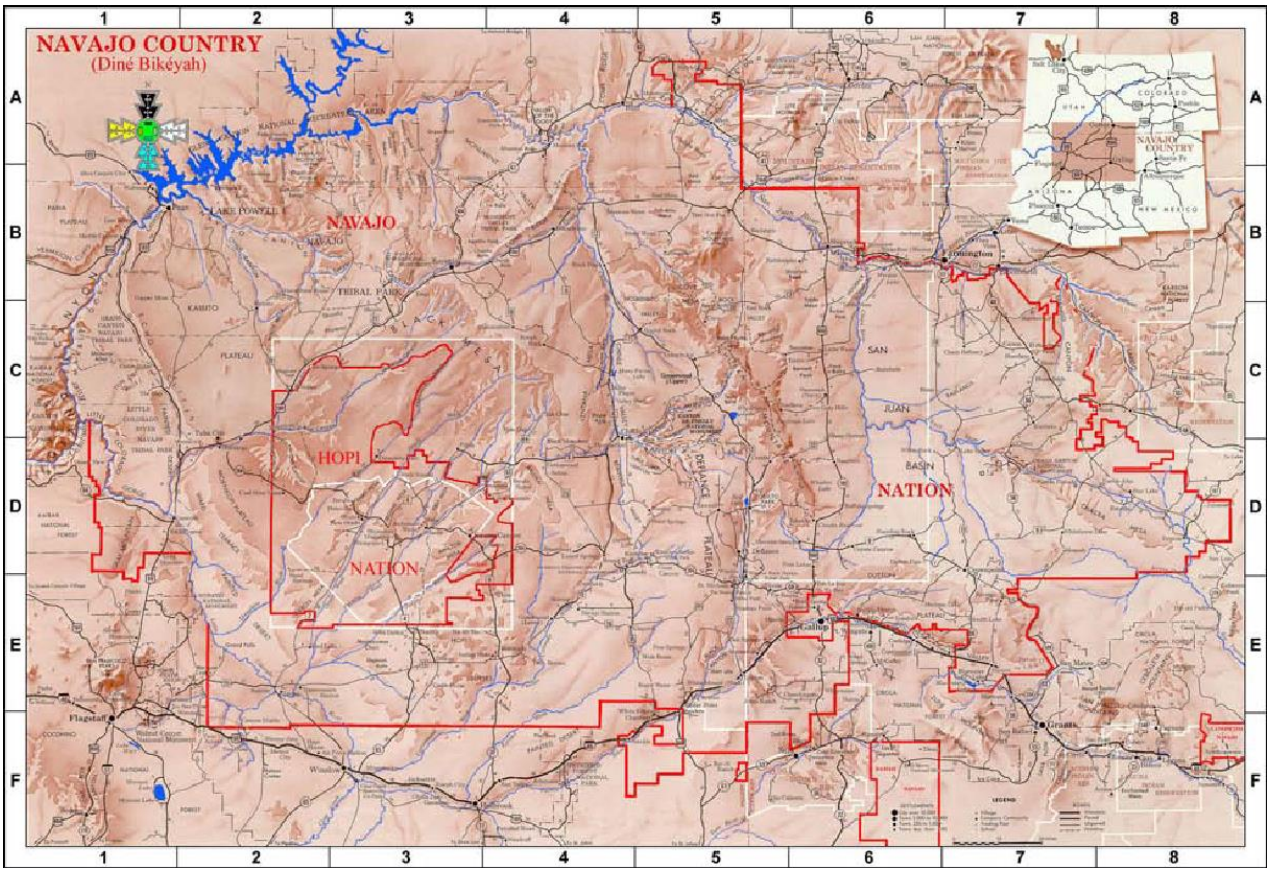
A Qualitative Study

(1st phase study to establish concept of Storytelling)

ABSTRACT

The purpose of this qualitative study was to explore storytelling (oral transmission of knowledge) as an educational method to help implement diabetes prevention strategies among Native Americans. Native Americans are 2.3 times more likely than Whites to be diagnosed with diabetes and die from the disease at a rate 200% higher than the U.S. population. This high prevalence rate warrants immediate interventions. This study was built on research in Indigenous education and public health on the importance of storytelling as a means of "transformative learning" with the potential to influence behavioral change. In this qualitative study, I focused on Navajo (Diné) storytelling asking, "What can we learn from Diné storytelling as an educational method to implement diabetes prevention strategies?" Using Seidman's (2013) phenomenological interview sequence with five purposively selected Navajo adults, I elicited their stories about traditional Diné values and practices, including gardening, which may be tied to improved diet, a known factor in mediating the risk of diabetes (Center for Disease Control, 2011). I then crafted narrative profiles for each participant (Seidman, 2013), an approach to data analysis that allows participants stories to be heard in a meaningful context. Within-case and cross-case analysis revealed four recurring themes: tradition, health and well- being, family/kinship, and culture transmission. These themes suggest a pedagogy of diabetes prevention in the form of storytelling as an effective way to learn Indigenous traditions, values,

beliefs, and culture. Storytelling represents a promising educational practice to educate all tribal members in strategies to promote health and well-being, including diabetes prevention.



The Navajo Nation in the Four Corners region of the U.S. Southwest. (New Mexico, Arizona, Colorado, Utah)

https://www3.epa.gov/region9/superfund/navajo-nation/pdf/NavajoUraniumReport2013.pdf

Introduction

As a Chiricahua Apache, I know from experience that Native American people acquire much of our education through storytelling (oral transmission of knowledge). My study examined the following research question: "What can we learn from Diné (Navajo, The People), storytelling (oral transmission of knowledge) as an educational method to support diabetes prevention?" This is how we, (Native Americans) learn our history, culture, rituals, values, beliefs, and language. As Brayboy (2005) writes, "stories are the basis for how our communities work; through stories, we construct roadmaps that help us ensure the survival of our communities" (Brayboy, 2005, p. 427). Brayboy is an Indigenous scholar and has worked with Native American communities and he also acknowledges that storytelling is their primary educational way of learning. This reinforces my experience as an Indigenous scholar and my working with Native American communities. It is important that I point out that from the perspective of the Native American community, our stories are referred to as storytelling (stories) and not what Western academia has termed storytelling (a narrative) (Deloria, 2001). It is the purpose of this study that stories are the telling of life experiences to one another for the purpose of educating others (Deloria, 2001). I reiterate this so that this will not be confused with the narrative form of storytelling that academia defines as stories. This is a common disconnect among academia and the Native American culture. Stories, as I have presented them in this study are the traditional way of learning for Native American communities.

At the same time, as a Native American scholar I have been part of a research team that studied the impact of diabetes on Diné (Navajo) people, the second most populous Native American tribe in the U.S., whose traditional homelands are located in the Southwestern U.S. (see Lombard et al., 2011). Navajo individuals were interviewed to determine the importance of

gardening traditions being brought back into practice within the Navajo Nation. The study showed the interest of the Navajo people in gardening and traditional storytelling to help prevent diabetes and certain types of cancers. The main point of this study, as it relates to mine, is that the Diné participants voiced their acceptance of education about diabetes prevention, including gardening/farming to produce healthier foods.

According to the Indian Health Service (IHS) (2012), the prevalence of diabetes is higher among Native Americans than any other ethnic group in the United States. Diabetes is the sixth leading cause of death among adults nationwide but is the fourth leading cause of death among Native Americans (Office of Minority Health, 2010; Center for Disease Control, 2011a). Native American adults are 2.3 times more likely than White adults to be diagnosed with diabetes (Office of Minority Health, 2011). Ultimately, Native Americans die from diabetes at a rate 200% higher than the U.S. population overall (IHS, 2007). It is this information that drives me to search for a possible method to address this important issue among the Diné people.

It is with this personal knowledge and experience that I conducted this study of storytelling as an educational method for the Diné, to learn about the importance of diabetes prevention. As suggested by the statistics above, my underlying concern is with the growing high rates of diabetes among Native American people. The study was also based on the assumption that the cultivation and consumption of healthy foods can promote healthy lifestyles and contribute to diabetes prevention. This study provides evidence of storytelling as a method for promoting these understandings of health and well-being. In the context of interviews with five purposively selected Navajo adults, participants shared stories about how they grew up, and traditional ways of knowing that led them to think and behave the way they do today, including Diné practices that promote health and well-being. The interviews also answered questions about

their concern about diabetes prevention.

I viewed this study as the first step toward developing a culturally relevant and meaningful method of educating Diné people about diabetes prevention. The assumption that underlies this study design is that education is often the best form of prevention. Because storytelling is such an important means of education for Navajo and other Native Americans, this method has tremendous potential for transforming education as well as health disparities. The goal is to use this knowledge to educate the youth and encourage them and their families to implement the diabetes prevention strategies. In addition, this knowledge from storytelling can stimulate the preservation of Navajo language and traditions. Interviews were conducted with Navajo men and women to glean information on a variety of traditional storytelling forms, content, and knowledge from equal representation.

Significance of the Project

The high prevalence rate of diabetes among Native Americans, with the Navajo being no exception, is such that immediate interventions are warranted. Regardless of ethnicity, diet plays a significant role in mediating one's risk of diabetes (Center for Disease Control, 2011b). Preliminary unpublished reports and focus group studies highlight poor diet as a key population-level factor contributing to health risk factors for diabetes and other diseases prevalent among the Navajo people (Lombard, et. al, 2011).

Hopefully the revitalization of storytelling will bring traditional ways of learning into their educational system. Traditional storytelling among the Navajo as well as other Native American tribes has slowly been lost as part of our cultures. This is partly due to the assimilation of the Native Americans into the Eurocentric way of life and modern lifestyle practices. This research may help bring back the traditional storytelling as a way of learning and

remembering their culture. The most significant impact of this research over the long term is to prevent the acquisition of diabetes among the Navajo people through education in the schools.

Structure

In this paper, I provide evidence of storytelling as an educational method that will support the implementation of diabetes prevention strategies for the Diné. I introduce the data indicating the high rate of diabetes and the importance of addressing this issue. I examine the research literature on how storytelling has been used and the end results of its use. I then explain my theoretical framework and the methods by which I conducted this research. I explain how I developed the narrative profiles (as derived per Seidman, 2013), that enabled the participants to tell their stories in their own words. I will end with the suggested action for future research.

Literature Review

In this section, I present the history of previous research that has been done in areas of storytelling and how it is relevant to the Indigenous populations in terms of learning about health issues. It also provides data and statistics of the dire issues that the Indigenous people are living in terms of diabetes rates. You will also see other research studies where storytelling was used to educate the Indigenous, in referring to learning about agriculture. These all illustrate the relevance of storytelling as an educational method for Indigenous people to learn about the health issues they are facing and what they need to do to address these issues.

Aside from health status and general census statistics, scientific literature is still struggling to overcome a dearth of published research on Native American communities, whether referring to anthropological, sociological, public health, or other literature (Mendenhall et al., 2010). This is attributable to reluctance on the part of Indigenous communities to allow or engage in research in their communities, due to the history in which such communities

encountered primarily negative experiences and consequences when interacting with researchers (Braun, Kuhaulua, Ichiho, & Aitaoto, 2002; Mendenhall et al., 2010; Peate & Mullins, 2008). Sadly, this historical precedent is not limited to the Indigenous populations of North America but has in fact become a shared experience of virtually all Indigenous people throughout the world. According to Mendenhall et al. (2010),

> The world's Indigenous people span every inhabited continent…and encompass thousands of cultures, ethnicities, religions, languages, and mores. And although the rich diversities within these groups are integral to their unique and respective identities, all share in the profound adversities they have endured through the colonization of their people and lands by powerful outsiders who later dominated them and eradicated (or attempted to eradicate) their ways of life. (Mendenhall, 2010, p. 360)

This shared suffering is also reflected in the staggering health disparities shared by Indigenous populations worldwide in comparison with less marginalized and more privileged populations. It is because of the Indigenous peoples' resistance to Western knowledge that could contribute to the increase in health disparities. It is my thought that storytelling could be the educational method to use to educate Indigenous people about the health issues they face. This leads me to Mendenhall and Grace and the research they conducted looking at storytelling as a way to learn through Indigenous culture.

For example, Mendenhall et al. (2010) conducted a study that interviewed tribal elders and found diabetes was a concern for these Native American people and that storytelling could be used for their education about diabetes. Grace (2011) conducted extensive and comprehensive research study on the topic of storytelling for agricultural research. Grace reviewed several theories of *how* storytelling influences behavior, as well as research that indicates that it does in fact have an effect. Although Grace focused on the methodological and survey instrument development aspects of her research, she also discussed her research and theory supporting the educational and persuasive power of stories.

More interesting and relevant to the present study are theories specific to learning and eliciting behavioral change through storytelling. Noting that stories can both "inform and transform", (Grace, 2011, p. 44) reviewed drama theory and convergence theory of communication; psychology of narrative theory; transportation as a narrative construct effecting behavioral change; and published postulations that structural elements, the ability of listeners to identify with story characters, faith and inspirational elements in the narrative, and emotional connection and impact factors affect the ability of a story to educate and motivate listeners. This study builds on Grace's work and insights.

Navajo Reservation. Photo by Ed Breeding. 2015.

Health Disparities and Indigenous Peoples

While the prevalence rate of diabetes in the U.S. overall is estimated to be 7% in some tribes the rate is as high as 50% among the Navajo (Archibald, 2008; Mendenhall, 2010). Native

Americans also suffer disproportionately in terms of morbidity and mortality associated with diabetes and diabetic complications (Mendenhall, 2010; Archibald, 2008). According to Mendenhall et al. (2010), the health status of Native Americans "…is consistent with Indigenous groups' health trends across the world, insofar as they fare worse in nearly every physical and mental health category that is documented compared to their non-Indigenous counterparts" (p. 360). Many authors attribute these health disparities to the rapid adoption of Western diets and lifestyles following the subjugation of Native American peoples and cultures by Western settlers over the last several hundred years (Braun et al., 2002; Lieberman, 2008; Lombard, 2006; Mendenhall et al., 2010).

Though the proposed research is limited to work with the Navajo Nation, valuable and relevant research has been published regarding other Indigenous populations and is therefore included in this review. The following studies pertain to this study in showing that Indigenous peoples learn through their own community, through storytelling, and their cultural traditions. This fact is connected to the present study since it illustrates a possible method of educating the Diné people about diabetes prevention strategies.

Qualitative Health Research and Projects within Indigenous Communities

Mendenhall et al. (2010) conducted a comprehensive Community Based Participatory Action Research (CBPAR) study, and a pilot CBPAR anti-diabetes initiative, among Native American communities in the Midwest. As a preliminary step towards determining effective health interventions, the research team contacted tribal and community elders as well as healthcare professionals involved in the delivery of services to the Native American communities being targeted. Through open-ended discussions with tribal elders, the researchers identified diabetes as a significant concern. Eventually, the authors reported that diabetes became the focus

of the project as it became clear that "…American Indian community leaders and tribal elders in the cities of Minneapolis and St. Paul, Minnesota were worried about the ever-increasing prevalence of diabetes and its impact on their people" (Mendenhall et al., 2010, p. 363). After this initial agenda-setting step, additional community leaders were identified by the tribal elders and community members who participated in the process. This provided a means of increasing social community support and awareness of the project (Mendenhall et al., 2010). Mendenhall and the team members continued to facilitate additional community meetings to elicit information about the perceived causes of diabetes and barriers to prevention. These meetings included discussions with the tribal elder's/community leaders and health professionals as well as open forums for the general target audience. As a result of this process, strategies for addressing the causes and barriers were developed.

Mendenhall et al. (2010) also noted that, "providers and researchers learned about [American Indian] culture, the diversity of cultures/tribes within this larger frame…belief systems, and manners—all because they were allowed into the [American Indian] community itself" (p. 365). Thus, this back-and-forth discussion project allowed research team members unfamiliar with the cultures of the Native American tribes involved to learn more about them, so that ultimately, culturally relevant and culturally sensitive components could be included in the pilot project. The project involved educational and screening components administered by community members to their peers and also by health professionals; educational activities such as cooking, tailored to community tastes and resources; and "a variety of lively activities consistent with [American Indian] culture" (Mendenhall et al., 2010, p. 365). These activities included storytelling, drumming, theatre activities, talking circles for health education, and other cultural traditions. Furthermore, community members became so involved in the participatory

action component of the project that they developed and implemented activities independent of the actual pilot project, including a community garden (Mendenhall et al., 2010).

Though the results of the pilot study did not show significant changes in the clinical delivery goals, other results were significant. At a three-month follow-up, significant reduction in the average blood pressure of diabetic participants was noted, as well as significant improvements in metabolic control (Mendenhall et al., 2010, p. 366). The authors identified the CBPR and cultural components as key strengths to the program:

> The culmination of these activities and methods—tapped through CBPR processes that collaboratively unite [American Indian] community members' respective viewpoints and voices. This is consistent with and contributes to existing (albeit sparse) CBPR literature and practice-recommendations that advocate the reclaiming of traditional ways and integrating them sensitively and purposefully with current scientific knowledge/education en route to better health. (Mendenhall et al., 2010, p. 367)

This prior research can give direction to look at storytelling as a possible tool for education in Native American communities. In the following section, this area of research is reviewed.

Image credit: http://time-trip.blogspot.com/2013/10/a-shawnee-folk-tale.html

Storytelling (oral transmission of knowledge) and the Indigenous

For this research study, I defined storytelling as a retelling of one's life experience as determining one of the methods that an individual learned during their lifetime. For example, a participant told me in the form of a story when he answered by saying, "*I was taught by my father to recognize what would be good to use for firewood, I knew that pinõn trees made good firewood to use to start the fire, oak was good because it burned hotter and long. I was taught to never cut down a tree that was still alive, always went for trees that were dead and wilting."* This is an example of how knowledge is passed on to one another so that each person can learn

from life experiences. For example, I would tell you about a time that someone told me of something that they experienced to teach me about what or how to deal with a situation. For instance, I was told by a friend that once he and his friends were down at the river and were going swimming, but they didn't check to see how deep the river was and just dove right in and one of them hit their head on the bottom, which was full of rocks. They were injured very badly and had to go to the hospital. This story was told to me to educate me to always check the river for depth before you jump in. An elder would also tell me that this lesson can be learned in life to think about what you are about to do before you do it. These are the types of stories that this study looked at (life experiences). This is so the reader will not confuse this form of storytelling with narrative stories (which may be fictional) as Western academia would refer to it, but to know this act of storytelling as a way of traditional learning among the Diné.

Narrative storytelling, as academia would call it, among Indigenous people refers to stories that tell about mythical characters, such as the coyote and other spirit animals. These stories serve the same purpose as the stories of life experiences but put it in a spiritual form. As Indigenous people, we still learn from these narrative stories but more so in values and beliefs in our traditions. An example of narrative storytelling as a story can be found in a book by Jo-Ann Archibald, (2008), named Indigenous Storywork: Educating the Heart, Mind, Body, and Spirit. In her book, she tells of a story about Slug woman who slayed a Native American male because he did not obey an ancient tradition. This type of story was to teach the youth that it is important to obey your tribe's traditions. Also in her book, she mentions another story about Coyote and some of his adventures as the trickster. Coyote is a spiritual character that does things to individuals in order to teach them a lesson about the environment and their traditional beliefs. These types of stories are not the focus of this research but are still very important to us as

Native Americans.

An author named Joseph Bruchac (2003), a nationally acclaimed Native American storyteller and writer, wrote a book full of stories telling of Native origins and life experiences. The name of the book, Our Stories Remember: American Indian History, Culture, and Values through Storytelling, is an excellent example of the Native American stories that tell of life experiences that are told to others to educate them about life and decisions. An example of a story is one named, "the telephone pole sweat", which tells about a sweat lodge leader that was preparing for a sweat lodge found that he had no regular trees to build a fire with. Since he found no trees for firewood, he decided to use some telephone poles instead. He used a chainsaw to cut up the telephone poles, built a fire in the sweat lodge, and performed the ceremony. Everything seemed fine until they exited the sweat lodge after the ceremony was over and saw that they were both black from head to toe. They realized that the telephone poles were treated with creosote which when burned covered them with soot. This story is about a life experience that was teaching the reader how important it is to stay true to the Indigenous tradition and keep the ceremony of the sweat lodge pure. This is the type of story that my research addresses in this study. It is important to make this distinction because my research was intended to be a continued effort to research storytelling as an educational and cultural method that could be used as a tool to educate the Diné about diabetes prevention strategies.

Grace (2011) conducted an extensive and comprehensive research study on the topic of storytelling for agricultural research. Therein, Grace reviews several theories as to *how* storytelling influences behavior, as well as studies that indicate that storytelling does in fact have an effect on certain behaviors, such as the implementation of agricultural methods. Although Grace (2011) focuses extensively on the methodological and survey instrument development

aspects of her research, she also discusses her research and theory supporting the educational and persuasive power of stories. She reviews the theories of "transformative learning," which is akin to a combination of public health theories, the theory of reasoned action (TRA) and social cognitive theory (SCT); all three of these view learning as a conscious process that takes place within the context of social and environmental cues (Glanz, Rimer, & Viswanath, 2008; Grace, 2011). I mention this to show that when researching a method to educate a specific population, a researcher must look at that population's culture and environment in order to develop a method that is appropriate for that particular culture.

This process of analyzing participant discussion of an issue or presentation comes close to the discourse analysis techniques employed by Vannini and McCright (2004, p. 309-332) in the study of semiotic constructions of tanning as a public health issue. Vannini and McCright (2004) analyzed and compared laypersons' and health professionals' language use and interpretation regarding tanning in order to identify "frames" or "themes" underlying opposing perceptions of the healthfulness of tanning. Both the discourse analysis techniques used by Vannini and McCright (2004) and the methodology employed by Grace to look for "themes" in the responses of participants in her storytelling endeavor are illustrative of phenomenological analysis. Whereas Grace (2011) evaluated her participants' discourse responses for emergent themes as to the reasons behind the effectiveness of the different story formats, Vannini and McCright (2004) merely analyze responses to identify informative categorical themes. Thus, in this present project, the analytical processes employed by both Grace (2011) and Vannini and McCright (2004) can easily be used in a modified way to guide the extraction of information pertaining to storytelling as an educational method from the oral traditions of the Navajo participants that were interviewed; as with the aforementioned authors and the tenets of

grounded theory, *phenomenology*, and discourse analysis, such information could then be categorized into emergent themes, practices, and/or traditions. Ultimately, these amalgamated themes can be used to guide the incorporation of traditional practices through storytelling into the overall community of implementation of diabetes prevention strategies.

Grace's (2011) presentation and review of story elements allows researchers to analyze stories they document, as well as create their own narratives for effecting change. The results from Grace's assessment of the behavioral change efficacy of narrative elements support the efficacy of storytelling as an effective mode for conveying information and influencing attitudes towards behavioral change. This present study builds on this earlier work by relating storytelling to the ways of learning for the Diné. This study also provides examples of learning through the stories, or life experiences, of the participants. This formed my theoretical approach in the form of *phenomenology*, since it is about the life stories of the individuals and how it influences how they learn. *Phenomenology* is important to this study since I am looking at storytelling as an educational method for the Diné people to learn about diabetes prevention strategies and *phenomenology* will inform us as to how the participants learn through their life experiences. In order to give everyone a better understanding about *phenomenology*, the following gives insight as to the specifics.

Theoretical Approach

This phenomenological approach, which is based on the philosophy first articulated in the nineteenth century and is characterized by the processes of inductive reasoning, individual context, and meaning making (Maxwell, 2012; Mertens, 2010). It is important to note that this paradigm, though outlined initially in the literature by European philosophers, is in fact intuitive to this principal investigator, and it generally reflects the stance of this Native American

researcher throughout each stage of the project.

To elaborate, this way of looking at the research process is decidedly more in line with methods that are more easily adapted to Indigenous ways of relating to others, and to constructing knowledge on the basis of their lived experiences (Brayboy, 2012). Moreover, the ontology of the approach undertaken throughout the research effort presented here can be described by the idea that multiple meanings are possible when observing the same event or what is known as "reality". Given this premise, my goal in undertaking this study was to discover the meaning each participant has assigned to their own version of the events s/he experienced. My role in this case, was to allow for the unfolding of meaning as revealed by the participants, rather than to impose a preconceived hypothesis at the start of the study. Finally, this approach calls for the researcher to create and maintain a more personal, interactive approach to data collection, and a more inclusive process in confirming assumptions and interpretations of that data. In this way, the epistemology of what became known as the "findings" of the study, represent in fact, co-constructed meanings between participants and investigator. Again, this approach is highly compatible with ways of interacting and knowing that are comfortable to me, as an Indigenous scholar.

Given the overarching paradigm that defines the approach taken in this study, field methods were also chosen to complement this stance. The primary qualitative method employed was that of in-depth interviews, which often resulted in powerful examples of participant narratives. Excerpts from the narrative profiles are included here, verbatim, in order to provide context for the responses, and to bring to life the meanings made by the personal stories of participants. The interviews conducted were phenomenological in nature, as was the concurrent methodological approach to data collection and analysis. According to Seidman (2013),

phenomenological interviewing is a technique that is characterized by an effort to explore "complex issues in the subject area by examining the concrete experience of people in that area and the meaning their experience had for them" (Seidman, 2015).

Phenomenological interviews were utilized to conduct interviews with an attention to themes set forth by Alfred Shutz (1967), and Martin Heidegger (1962), Jean-Paul Sartre (1956), and Max Van Manen (1990), and summarized by Seidman (2013). Seidman (2013) outlines four phenomenological themes that he determines to be important to phenomenological interviews, and which he proposes to address with participants. The interviews and subsequent findings presented here were conducted with these themes in mind. Each participant was asked open-ended questions, with a recognition of the temporal and transitory nature of human experience (Seidman, 2013). To address this first theme, I attempted to capture the "essence" of each participant's lived experiences. In addition, the second theme outlined by Seidman (2013) was to attend to the "subjective understanding of each participant (Seidman). In other words, as much as possible, the interviews were conducted with the goal of understanding each person's point of view about a given event or experience. To address the third theme put forth by Seidman (2013), each phenomenological interview focused on each participant's "lived experience," in the form of a reconstruction of remembered events (Seidman, 2013). Finally, the fourth and most important theme was addressed in each interview during this study, which is to say that the focus of the interactions with participants was to uncover the meaning made of described phenomena, and to emphasize this meaning-making in the context of the person's life experiences.

"The structure of these forms of experience typically involves what Husserl called "intentionality", that is, the directedness of experience toward things in the world, the property of

consciousness that it is a consciousness of or about something. According to classical Husserlain phenomenology, our experience is directed toward (represents or "intends") things only through particular concepts, thoughts, ideas, images, etc. These make up the meaning or content of a given experience and are distinct from the things they represent or mean. The basic intentional structure of consciousness, we find in reflection or analysis, involves further forms of experience. Thus, phenomenology develops a complex account of temporal awareness, spatial awareness, attention, awareness of one's own experience, self-awareness, the self in different roles, embodied action, purpose or intention in action, awareness of other persons, linguistic activity, social interaction, and everyday activity in our surrounding lifeworld" (Smith, 2003, 3).

"Phenomenology studies structures of conscious experience as experienced from the first-person point of view, along with relevant conditions of experience. We all experience various types of experience including perception, imagination, thought, emotion, desire, volition, and action. Experience includes not only relatively passive experience as in vision or hearing, but also active experience. Conscious experiences have a unique feature: we experience them, we live through them, or perform them. Other things in the world we may observe and engage with. But we do not experience them, in the sense of living through or performing them. This experiential or first-person feature (that of being experienced) is an essential part of the nature or structure of conscious experience" (Smith, 2003, 4).

Methods

Study Design

The design of this study is based in qualitative methodology, and more specifically, phenomenological in nature. My intention at the outset was to explore the way in which Navajo

participants made meaning of their own learning process growing up. The primary method of data collection was through semi-structured interviews with five Navajo participants. An explorative research question was developed at the start of the data collection phase but was adapted multiple times after analysis of each interview. The initial question was focused on the ways Navajo people learned about gardening and diabetes prevention. The research question was intentionally designed to be flexible and open-ended so as to be responsive to themes that would emerge within the context of the narratives shared by study participants. The research question changed as a result of the information gleaned as personal narratives were revealed during the course of the data collection phase. After conducting several interviews, I realized that the preferred method of communicating learning experiences on the part of my participants was to tell me a story. For this reason, I began to view my interviewees as *storytellers*.

Procedures

Selection of Participant-Storytellers. The participants for this study were selected as a sample of convenience. To recruit participants, I contacted four Navajo individuals that I was already acquainted with through Native American social and organizational channels. I purposively selected two males and two females to have a balance of gender because my emic perspective caused me to assume that males and females grew up with different experiences. The only requirement for age was that the participants be over 18 years of age; there was no eligibility test based on languages spoken. One reason for the choice regarding age was to eliminate the difficulty in recruiting minors for the study, and in addition, the fact that the participants were all in their 30s and 40s was because those were the people I was in contact with. Languages spoken was not a factor in the selection of participants, again, because these were the people I happened to know, and it turned out that they were all Native speakers of

Navajo. From the start, I was cognizant of the fact that to some degree I might display an insider's view on some of the phenomena I was planning to explore. However, I also kept in mind that in other ways, I was decidedly seen by my participants as an outsider due to the fact that I was not Diné and did not grow up on a reservation. Aware of both emic (insider) and etic (outsider) perspectives, I asked the four individuals to bestow upon me some stories of their lives growing up and about their Diné ways of learning about their culture and traditions. There were two individuals that I met in Los Angeles at a Native American Film Festival event. The other two I have known as school peers at New Mexico State University. Even though I did know the participants, there is no indication that our relationship would have changed the way in which they interacted with me as the interviewer. They were also supportive in hopes this study could show the importance of their culture's traditions and ways of learning for the Diné people from their point of view. They are all Navajo but grew up in different areas of the Navajo reservation. I intentionally avoided reporting more specific demographic information than appears in the participant's profiles. This is because my findings were not affected by specific age or language status. The only difference that I detected was the way in which males and females grew up and were socialized. Despite having different themes to their stories, both genders answered my questions in much the same way - in the form of a story.

Data Collection

Consent to record. Participant-storytellers were selected on a voluntary basis and were given the option of providing responses orally or in writing. Each of four participants agreed to one oral interview, which was recorded with their consent. Storytellers also agreed to provide response in English. Interviewees were apprised beforehand as to the purpose and procedures for the interview and were encouraged to tell any traditional stories that they were told pertaining to

their cultural traditions, and Diné ways of learning. To show respect to each interviewee, I assured them that their personal stories would be heard without interruption, and honored in the sense that they would only be revealed to others with their express approval. Because the stories recorded during each interview could also be seen as artifacts gathered for the purpose of cultural preservation, narratives off the topic of storytelling, ways of learning, and community projects such as gardening, were seen as relevant to the scope of this research. For the purpose of this study, it was deemed relevant to document and record all stories.

Phenomenological Interviews. The approach used in interviewing participants was phenomenological in nature, because the ultimate goal of each session was to try to understand the meaning made by Diné people of their lived experiences of learning. A semi-structured interview protocol with twenty open-ended questions was sent to each participant prior to their interview. It has been my experience that it takes time to remember the stories passed down in one's culture so for the purpose of time and to obtain thorough responses to the interview questions, I provided them with the questions ahead of time. I brought the same questions to each interview and intended to use them as a guide for the interview conversation. Participants were informed at the beginning of each interview that there was no time limit, and they were free to explore the meanings that were elicited from each of the interview questions. Even though there was no time limit set for the interviews, each one ended up being between 1 to 2 hours in length. At each interview, the participant-storyteller was asked to give his or her name and an introduction once the recording had started. I informed each storyteller that upon completion of all the interviews, they would be provided with a written summary of findings, and they would be given the opportunity to ensure that they approved the content of their recorded responses prior to publication. This process of "member-checking" is seen as a means to ensure accuracy

of information gathered, but also as an indication of respect to the participant-interviewee relationship (Seidman, 2013).

Data Organization

Upon completion of the data collection phase, all interviews were transcribed and reviewed prior to analysis. I started with open coding as described by Saldaña (2013) in which I went through each of the transcripts and pulled out specific themes and words that described key ideas embedded within participant responses. The storytelling is used as tradition, way of life, culture transmission, family/kinship, and community/tribe in developing the individuals' Diné ways of learning. Although the coding was effective, it was not sufficiently descriptive to convey the meaning of the participants' stories. For this reason, I decided not to use the coding scheme initially planned for the project. To solve this problem, I was directed to a method contained within Seidman's work on qualitative interviewing, and adopting the presentation technique of what is referred to as *narrative profiles* (Seidman, 2013). To create a narrative profile, I recorded each participant's stories in their own words, and then edited these in a way that allowed the story to flow with a telling of their lived experiences. This approach was taken in order to present a coherent story that would make sense to an uninformed reader, and illustrated the meanings attached to these stories by each participant. These narrative profiles stood as a powerful method for this study design, and effectively demonstrated the Diné way of learning through lived experiences.

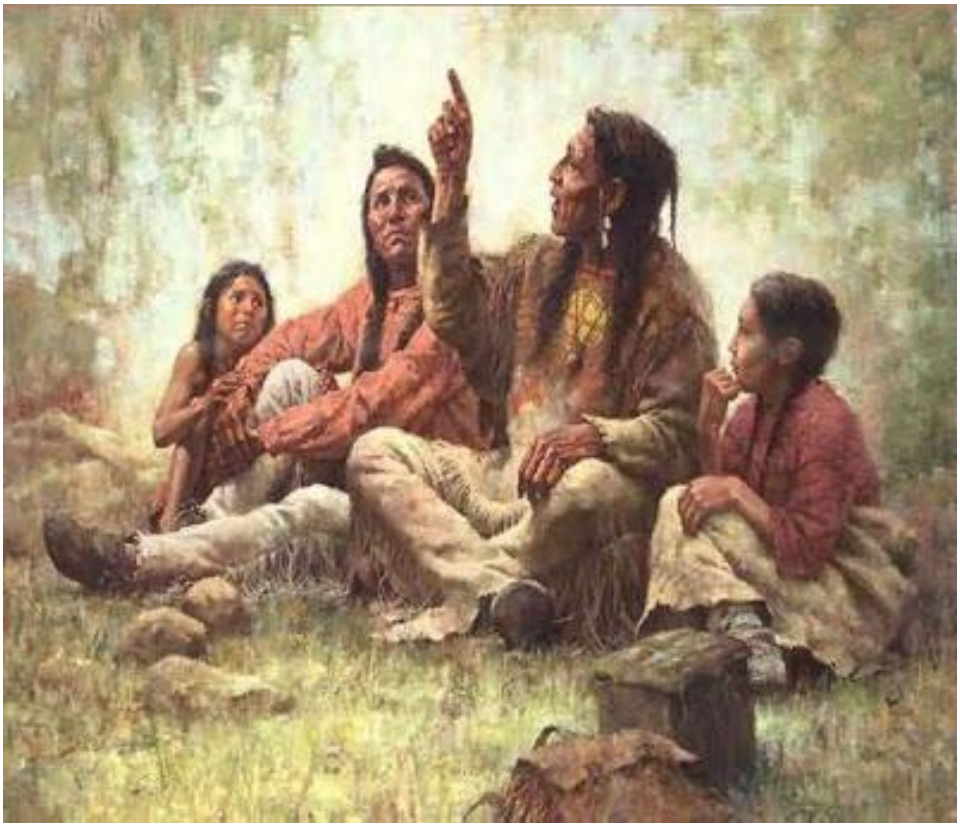


Image credit: http://themayan-arts.weebly.com/story-telling.html

Findings

Participant Narratives

Each participant believed that her/his responses were an important way to help sustain their culture, and to revitalize storytelling as a means of educating their people about topics such as diabetes prevention strategies. They are all strong believers in the power of ones' culture and traditions in passing on information to others. The following are excerpts from the narratives of each participant that illustrate each participant's way of learning. For a copy of the full narrative profiles generated from each participant, you may contact the author for a fuller and more detailed story.

Beau ***** is a Diné (Navajo) tribal member and has grown up on the Navajo

reservation. He still lives there today but also travels for work and to schools for his education. He has grown up with learning the old ways and he has also pursued his education in Navajo Technical College and at New Mexico State University. He has lived in the traditional world of the tribal reservation of his culture and in the academic world. He has seen the differences between the two worlds. He has maintained his native language and his traditional customs and rituals. He has had success in the academic world and has worked through college programs on the development of agriculture and gardening on the Navajo reservation. Beau has used the modern technology of agriculture such as tractors for planting and irrigation systems for crops that he learned in college, and he also applies the Diné (Navajo) traditions to growing gardens and farming. Prior to his interview, I had already had discussions about my research topic regarding storytelling (oral transmission of knowledge) with Beau. At that time, he also expressed that storytelling (oral transmission of knowledge) is the way his people learn. I also experience this as an Apache since we also learn through storytelling (oral transmission of knowledge). This perspective that was expressed during this informal discussion was later confirmed in the formal interview. I interviewed Beau and asked him several questions about himself and his culture. I also asked him about health and gardening in relation to diabetes prevention and the importance of educating youth about diabetes prevention through storytelling (oral transmission of knowledge). The thing to take notice of is the way that Beau answered all of my questions. His method of educating me was in the form of storytelling (oral transmission of knowledge).

*Hello, my name is **Beau *******, I am from the Navajo tribe (Diné). My clans are Red running into the water clan (Tááchíínii) Bitter water clan (Tódilch'íínii) Red house Clan (Kinłiichíínii) The wandering clan (Naakai Díné'é). I was born in Fort Defiance on October 5,*

1986 and I am from Lukachugai, Arizona but live in Tsaile Arizona."

My life growing up was not that much different than most people who live on the reservation. I got up early in the morning due to my parents waking us up early. That was part of our teachings growing up, always waking up before the sun rises, then praying and then getting on with our day. I guess this was supposed to keep us from being or becoming lazy. My days since I was able to ride a horse was going out with my father to round up the cattle, this was pretty much what my childhood was, dealing with the livestock. My family on both side all owned livestock, owning livestock was very much important it shows status and it was our lively hood. I used to live in a Hogan [traditional Navajo dwelling, hooghan in the Diné language] with my parents and brother and sister since I was little, we had to drive a distance to get water for ourselves and livestock, and we did not have electricity and indoor plumbing. We hauled wood for winter to keep us warm throughout the season. It was not until I was 14 years old my family moved into a modern house that was built by the tribe, there I was able make use of today's household, got electricity and running water, but this did not change anything for us, we still had to get up early for the livestock. I did all this too while I was going to school, I had to wake up extra early to feed the animals and then get ready for school and catching the bus. Then when I get back from school I go back to tending to the livestock.

I grew up in a community called Tsaile in Arizona. It's a rural community which is pretty far from any big towns in either direction. My family started living here when they got a house during when they were building a housing community. The place is right in the middle between where my parents were from, made it easier for us to go back and forth between my grandparents to help with the livestock……Tradition wise we had certain taboos we followed as kids, such as like no running around at night or no whistling at night, these were just things

we were told not to do by our elders. I learned all I could from my parents and grandparents, thanks to them I was able to become the person that I am today."

My family is well known in this area, the fact that my mother's father is one of the original Navajo Code Talker. That sort of made us well know, so in a sense me and my siblings could not get away with getting in trouble because someone will always tell on us, but that was a good thing it kept us from getting in trouble. My siblings and parents are hardworking people; my parents have always had a job so I and my sibling could have all the things my parents didn't have. The thing also was if I and my sibling wanted anything special we always had to work for it, like we had to earn it……..My life in this community was good most times; long as I and my family minded our own business no one bothered us. I did have a lot of friends and cousins all thanks to my clans; through them I had brothers, sisters, uncles, grandpas and grandmas so I had a lot of people in my life……..

My first memories of how we used to live are mostly on a horse, I always saw my dad, grandpa, cousins and uncles always on a horse. We always used to come together to go look for the cattle and that was main reason why I learned to go riding. My grandparents had two camps in which we would gather and herd the cattle to. One was up in the mountain and that was during the summer. One was down below down toward the desert area and that was during the winters. My family has done this for many years; I guess it was to help the land to replenish itself with shrubs and grasses that have been grazed away by the livestock. This I did not understand for many years when I was little, now that I am older I now understand the significance of moving the livestock. The forest we used as firewood during the winter, we would go with chainsaws and cut down trees and cut them up to be used as firewood. I was taught by my father to recognize what would be good to use for firewood, I knew that pinõn trees made good

firewood to use to start the fire, oak was good because it burned hotter and long. I was taught to never cut down a tree that was still alive, always went for trees that were dead and wilting. When I was younger I spent most of my days in the mountains or the wood in back of my house, that how we kids used to play back in childhood, we had watering holes where we would go swimming or places we used for hideouts when we wanted to get away from the parents……

I think they (the schools) should teach about the values toward health and well-being, I recently got into farming through my internship with Land Grant at my college and I have learned a lot about farming but mostly about self-sufficient farming. Self-sufficient farming, I believe is likely how they use to do back in the day. Just doing the maintaining of our little farm at Land Grant, I have lost weight and learned a new a new mentality to take care of myself. I think they should have a class that concentrate on the values of health and well-being through Diné tradition and teachings.

Maria ****** is a friend and she is also Diné, Hopi, and Apache and agreed to this interview. She does not live on the Navajo reservation, so the Navajo IRB is not an issue. She is in her 40's. She is a mother of 4 and raises them with her husband who is also Native American. I met Maria here in Los Angeles at a Native American Film Festival where she performed Native American dances in full regalia with a band named RedSpirit Fusion, and we have met several times since then and have become friends. So, this interview was very relaxed and she was comfortable speaking with me. For the purpose of this interview, I instructed her that I would adhere to a set of questions as much as possible to keep some organization and a repetitive format for all interviews. She understood and she and I talked about our everyday lives and how my school was going and how her work was going, before and after the interview. This interview was conducted over the phone and email. I sent her the questions so that she would be

able to include the Diné spelling since I don't speak Diné. I began the interview with a proper introduction for the purpose of keeping the interview formal even though she knows all about me since she is a friend of mine.

*My name is **Maria *******, I am of The Red-Running-Into-Water Clan (T'a chii'nii) from my father's side Steven Tenorio, Big Medicine People Clan 'Azee'tsoh Diné) are my paternal grandmother's side. I was born in First Mesa [on the Hopi Reservation, adjacent to the Navajo Reservation], and resided inside the reservation for my first 5 yrs. of life. Then I came to Los Angeles.*

……My memories are about my grandparents and how humble and loving they were. My Paternal grandparents passed away few years ago. Before they left they taught me many traditional native ways. That till this day I continue to practice them with my kids.

My grandmother Running Cloud use to tell me stories about how the women went into the mountains each year to gather acorns, pinyon nuts, and walnuts. Grandma use to tell me that the women did most of the seed gathering in June and July, while the men stay at home and turn the soil for the gardens. Grandma use to tell us how important the Corn and garden products have always been of importance, and still are when drought or frost do not ruin them. Grandma would speak about how her people would go for days without any food when winter was around. Grandma use to tell us about the Coyote Stories and how sneaky he was and how the coyote would steal our crops. Etc……I was told by my elders that each song that is sang is a prayer to the Holy People -or supernatural beings- who take care of us. Our Navajo songs are sung in ceremonies to cure the sick or to protect their families, homes, crops. My grandparents always taught me to always care for our land. Our land is everything that we have and if we mistreated it then how will it take care of you and your family and all others. As far as I can remember we always have

respect for our elders and they are the first ones to be served then the children and then other family members.

I think that it's so important that our Diné youth are knowledgeable of our traditions and continue to practice them and put them to work. Our youth is our future and if they don't keep our traditions ongoing were will our Tribe or our people be at in the future. We are to be proud of who we are and continue moving forward in saving our mother earth whom provides us with abundance of food and love.

Eating healthy from our gardens we would see the reduction of Diabetes, Obesity and other health issues within our people.

Carma ***** is also a friend of mine, and she is also Diné and consented to participate in this interview. She lives off the reservation so again I did not have to address any Navajo IRB issues. Like Maria, Carma is in her 40's, and is a mother of 2 children who she is raising with her husband, who is also Native American. I worked with her during a Native American summer camp at New Mexico State University called, "DreamMakers." Information about the DreamMakers summer camp program can easily be accessed through the New Mexico State University website. This interview was relaxed and she appeared comfortable speaking with me. For the purpose of this interview, I instructed her that I would adhere to a set of questions as much as possible to keep some organization and a repetitive format for all interviews. She understood and she and I talked about our everyday lives and how school was going before and after the interview. This interview was conducted over the phone and email. I sent her the questions so that she would be able to include the Diné spelling since I don't speak Diné. I plan on doing a follow up interview with her in the future. I began the interview with a proper introduction for the purpose of keeping the interview formal even though she knows all about me

since she is a friend of mine.

*My name is **Carma *****, Bitah'nii nishli, Kinlichii'nii bashishchiin, Kinyaa'aanii dashicheii, Tlaashchi'i dashinali. I'm from the 4-corners area of Navajoland, from the Utah strip. I grew up in Navajoland, Utah.*

The best memories I have of family are those spent at our family farm. There were many years where extended family would gather in early Spring to mend fences, prepare the irrigation system, plow the fields, and plant seeds. It was the best time of the year because as the young ones, we got to play and swim in the river --- until it was time to eat! But, when it was time to plant, we all had our turn with the elders to put the seeds in the earth. It was quality time with everyone including, our Mother, the Earth. My grandfather and grandmother were the center of our family. I remember attending many ceremonies and taking food to contribute. We usually stayed all day, and played with other children where we were with their families. The community was supportive of each other.

My first memories of the land, and how our families lived on the land was snow! I remember the snow piled so high in winter, possibly because I was pretty small. LOL. It was high enough that I remember I couldn't see over the walls of the path made to leave my grandparent's hogan. By any measure, there hasn't been any snow in that area for many years. Since water was scarce, we would melt the snow over the fireplace and store it for later use. It was used both as non-drinking water for bathing and washing dishes as well as cooking, but it was boiled before use. I also remember the brush and bushes being much larger, well, actually present. The land now is mostly dry grass and lots tumbleweeds. My grandmother was an enthusiastic Navajo tea drinker, so we harvested tea from the dunes where they grew. She also loved chewing mint leaves; she had a mint plant next to a big cotton tree, and she would send me there to bring her a

few leaves. She always of smelled of herbs.

We planted in Spring and harvested in the Fall. My grandparents would tell stories about earlier days when the fall harvest would include exchanges with other families in the community, like those with sheep or horses.

In regards to gardening, the only thing I remember vaguely is harvesting corn pollen, which seemed to be a very important aspect of our farm, because harvesting pollen is something done very early in the morning and it was sometimes difficult when I wanted to sleep in! Wish I realized then that it would be a short-lived practice, especially with my grandmother……I think farming instills a hard work ethic, as well as discipline, and patience both in terms of the physical work, but, also in waiting for crop to mature. Additionally, as my grandfather would say, there are times for fun and horsing around, and there are times for hard work and discipline; and planting, that is as one put seeds into the Earth, it was a time to be respectful of our mother, the Earth.

Farming and gardening is hard physical labor, so one is apt to become fit from all the physical work. Digging the irrigation system, and plowing the fields by horse and donkey were not easy --- so says the child who just saw the activity, but looking back, I realize that is true. Furthermore, tending to a farm requires daily discipline and patience. And finally, the reward for a successful harvest is organic foods!

Glenn ***** is a friend of mine also that I met at a film festival in California. He is a musician and his band RedSpirit Fusion was there performing with Maria ***** who was the dancer for his band. I talked with him at great length, and we talked about the Diné culture and my research that I was focusing on. Since that time, he and I have become friends and have conversations on a regular basis. He was very supportive in what my research is trying to do and

he grew up on the Navajo Reservation and knows community members that live with diabetes. He was very happy to be a part of this pilot study in hopes that it will lead to something that could have an effect on the Diné communities' education about diabetes prevention strategies. I followed all the protocols that I followed with the other 3 participants. This is Glenn Talley's story.

*My name is **Glen *******. I am full-blooded Diné aka Navajo. In our native way we introduce ourselves by our clan. My clan is Bit'ahnih, the Folded arms clan on my maternal side. My paternal class is Nakami Diné, the nomadic or Mexican clan. My maternal grandparents are of the Salt clan. My paternal grandparents are of the T'oo dich'inil or Bitter Water clan.*
I speak, read, and write in the English and Navajo languages fluently. My mother didn't know how to speak English so you could say that I was forced to learn Navajo as my first language. My Father knew English and Navajo and my older brothers and sisters did also which is why I was able to grow up learning both languages.

I grew up on the Navajo reservation in a small town Teec Nos Pos, Arizona. This town is located near the 4 corners monument 4 miles south. I grew up on the Navajo reservation as a young child. I remember when my parents would take us to our grand-parents' home where I would help my grandparents to plant corn, watermelon, cantaloupe, squash, and cucumber. I you call a blessing a ritual, then I guess I could say that a blessing ritual was done before the planting took place in the spring. My family consisted of 7 brothers and sisters and a mother and father. The community I grew up in had one gas station, one trading post, a post office, and a boarding school. The town had one Navajo police officer. We lived in a canyon below the boarding school where there was also a local Christian church. There is much open land with a mountain south of the town. The water that flowed from the mountain was used to irrigate and

provide the farms with water by the local farmers.

My first memories of the land were that the boarding school was fully operating and every dormitory was accommodated in the early 1970's. I remember being a day student and would walk to school every day. Most of the families that lived in remote lands lived on limited electricity. Some families like my grandparents had electricity but it was too expensive so they would use firewood and coal to stay warm or to cook. They also used propane when they could afford it and used kerosene for lighting at night. My grandparents also lived in hogan before a house was built for them. They also had sheep, goats, and a horse as livestock. Herding goats and sheep every day was a priority and a livelihood. I still remember feeding the chickens every morning, afternoon, and evening. I also used to help with the picking eggs when my grandmother would need eggs for breakfast.

There are many stories about how to care for the land we call Mother Earth. Many teachings have to do with how we should respect and honor everything that Mother Earth provides for us, including the water, the air we breathe, and the sun, which provides energy. Even the moon has its own stories and teachings……..I always encourage the youth to learn from their moms, dads, grandmas, grandpas, or even aunts and uncles, and ask questions pertaining to these stories……Many times our people would share the seeds amongst each other. There is a story that talks about how the four winds blew into their four cardinal points and dried up the water on the land. Luckily the remaining people that came from the underground brought seeds of many kinds from the world below. They began planting and finished in four days.

I believe that our Diné youth need to learn their culture and traditions as much as they can to keep our native stories, ceremonies, and songs alive for future generations to come. Just

like when we learn from our mistakes, we as native people need to learn from the mistakes we've learned from not spending enough time learning our native ways and our history so we as parent's and adults can hand down what we know and learn about traditional gardening or farming practices to our kids or to the younger generations. Our ancestors always lived off the land. We need to go back to living how our ancestors did and hold on to their ways of respecting the land we call "Mother Earth."

Analysis

The development of the narrative profiles along with the initial phase of coding allowed me to develop themes, but as it turned out, the categories were not applicable to the interview data. This is why I discontinued the use of this approach to coding for my preliminary data analysis. With guidance, I made the decision instead to use narrative profiles as the preferred approach to report and analyze the data. This approach made it clear that there were similarities within the data that demonstrated that for these participants, storytelling (oral transmission of knowledge) was the preferred Diné way of learning. For example, in the profiles, each of the participants introduced themselves in the Diné *traditional* way of their family clan and in the Diné language. This way of introducing oneself was done by all participants, and based on my emic perspective, I assumed that this was a cultural tradition. This form of introduction is a way for them to tell you a *story* about their heritage, their family, and their tribe. This is one example of storytelling as a way of teaching me as to who they are. Again, from my emic perspective, I assumed that these were traditions that were passed down to them from their parents, their grandparents, and their tribal elders. I have experienced this same form of introduction with all Diné people that I have met on the reservation.

Following the introduction, each participant went on to answer my questions by telling

me stories about their experiences growing up, how they learned, and who taught them. For the purposes of this study, I defined a *story*, as general descriptions of lived experiences. In Beau's story there were detailed descriptions of real-life experiences that painted a picture for me of the hardships he experienced as a child. Beau described the way in which his father would instruct him about how to do his chores properly by way of telling his own experiences making mistakes. This example shows how *storytelling* was a means of transmitting information from parent to child and can be seen as a *method of education* for the Diné. This informal, away from school setting was frequently the stage for learning which had as its goal, to achieve various Diné ways of living. There were several examples of Beau and his family lived, in a traditional hogan with no electricity or running water. It was interesting to me to note that he did not refer to these experiences as a hardship, but rather had a sense of acceptance. When he was fourteen, Beau and his family did move to a home with electricity and running water, and yet it still did not change their *traditions* or the way they lived. Their culture had found a way to adapt to the new changes in quality of life and still keep their traditions of their culture and family. This way of life was also pertinent to their *health and well-being*. This could be relevant to the revitalization of gardening/farming to be returned to a current way of life. I would also like to point out that the entire family of father, mother, grandparents, and community members were responsible for passing on the traditions and prayers to him and his siblings. Although, he did not grow up with gardening or farming, they still raised livestock as a way of living.

Maria also tells us about her experiencing cultural transmission of traditional ways being passed down to them from their elders. It is a way of life for her even when they are not living on the reservation. Maria's memories are of the *stories* that her grandparents would pass on to her about their *way of life*. This was her way of learning as she grew up - it was through

storytelling. In academia, they would call this the pedagogy of Navajo traditions. But this study focuses on speaking the cultural language of learning for the Diné. That is the importance of this study to show that education should be done according to one's culture. In this case, stories constitute learning the Diné way.

Beau has a profound impact on the Diné ways of learning. He shows how the family/kinship, community/tribe, way of life, tradition, health & well-being, and culture transmission all weave together through the method of storytelling (oral transmission of knowledge). We can see how Beau is proud of his family, community, traditions, and their way of life that they all grew up with and lived through. We can see this in how he answered the questions in the form of stories. Beau told us a story about his history and what was learned. Again, storytelling is the preferred educational method for learning in the Diné way.

Beau describes the lessons he learned from his family on their way of life and traditions when it comes to nature and livestock. This is a great example of storytelling as a way of learning from his parents. You can see the importance of cultural implications in his Diné way of life. The Diné culture is very important to him and in his way of living. Glenn Talley also provided an example of when he said, "*I remember when my parents would take us to our grandparents' home where I would help my grandparents to plant corn, watermelon, cantaloupe, squash, and cucumber. I you call a blessing a ritual, then I guess I could say that a blessing ritual was done before the planting took place in the spring."*

Carma's response shows us the importance of family and community interaction and how it leads to Diné ways of learning. Family and community are a big part of tradition to the Diné people and Carma shows us this through her stories. An example is when she said, "*There were many years where extended family would gather in early Spring to mend fences, prepare the*

irrigation system, plow the fields, and plant seeds. It was the best time of the year because as the young ones, we got to play and swim in the river --- until it was time to eat! But, when it was time to plant, we all had our turn with the elders to put the seeds in the earth. It was quality time with everyone including, our Mother, the Earth. My grandfather and grandmother were the center of our family. I remember attending many ceremonies and taking food to contribute. We usually stayed all day, and played with other children where we were with their families. The community was supportive of each other."

I also focused some of the interview questions on the importance of educating the youth through storytelling. Beau's response tells us how he views the importance of storytelling as the way to enforce their cultural traditions. He also tells us this in the form of a story when he tells us about knowing students that don't have respect for their elders anymore. Beau feels that storytelling is important to revitalize the importance of traditions for the Diné. Beau said, "*So I think they should have a class that concentrate on the values of health and well-being through Diné tradition and teachings."*

Maria also felt strongly about the education of the Diné′ youth and storytelling as the educational method to learn about their Diné culture. Maria points out the importance of the youth and education for the future of the Diné culture. Beau and Maria's stories gives us insight in how very important their culture is to them. They feel that the youth are the future of the Diné people and their traditions. It is a hope that by revitalizing storytelling into the education of the youth it will help strengthen their culture and traditions.

As part of this study, I wanted to address the importance of the revitalization of gardening/farming in their culture as a way to help prevent diabetes among the Diné people. The question that I asked was, "What traditions if any, illuminate the role and importance of

gardening/farming in Diné culture?" Although they didn't remember any traditions specifically to answer this question, Beau, Maria, Carma, and Glenn all believed that this is an important issue among the Diné people and any way that can be developed to help prevent diabetes should be implemented. They were all in support of storytelling as the educational method to help motivate the youth to start gardening/farming with their families and communities.

Beau expressed the importance of gardening/farming as a way to improve the health and well-being of the Diné people. Beau focused on the Diné tradition as the method to implement this way of teaching the Diné people. When I asked the question, "What lessons do you think the stories hold for the health and well-being of Diné?" Maria points out that the revitalization of gardening would help prevent diabetes for the Diné people. Maria, *"That eating healthy from our gardens we would see the reduction of diabetes, obesity and other health issues within our people."* She also explains that stories were the way that gardening was taught to them as they were growing up. Maria's response to another question, ("Are there any stories about caring for the land, and gardening in particular, that you remember and want to share?") was, *"My grandmother Running Cloud use to tell me stories about how the women went into the mountains each year to gather acorns, pinyon nuts, and walnuts. Grandma use to tell me that the women did most of the seed gathering in June and July, while the men stay at home and turn the soil for the gardens."* This is an example of how gardening/farming could help prevent diabetes through exercise and eating of healthy foods. Keep in mind that these responses are all in the form of storytelling. Carma shows the importance of family/kinship and their elders along with the Earth Mother. Carma says, "*My grandfather and grandmother were the center of our family. I remember attending many ceremonies and taking food to contribute. We usually stayed all day, and played with other children where we were with their families. The community was*

supportive of each other." This is also a way of life for them and a form of cultural transmission. This is all connected to Diné ways of learning. Carma's response was told in the form of storytelling.

In addition to Beau, Maria, Carma, and Glenn, there was also a previous focus group study conducted by Lombard and associates that looked at different areas of diabetes and cancer in relation to gardening among the Navajo people (Lombard et al., 2011). Navajo individuals were interviewed to determine the importance of gardening being brought back to the traditions of the Navajo tribe. Lombard's focus group study showed the interest of the Navajo people in gardening and traditional storytelling to help prevent diabetes.

Photo credit: Ed Breeding. Navajo Reservation. 2015.

Limitations of the Study

There are several limitations to the study presented here. First, the number of participants is small (four) and is limited to Diné participants. Another limitation is that the study sample was one of convenience; they were selected due to availability and location, being in the Los Angeles area, even though the four participants did represent a wide geographical range of the Navajo Nation. Also, another limitation of this study is that it is impossible to determine if the strategy of storytelling, as a means to learn about diabetes prevention, will be successful over time. That will be better addressed in the larger study or a future longitudinal study in schools and communities where the proposed publication and DVD will be distributed by way of Chapter Houses throughout the Diné reservation. Another limiting factor is that it will be difficult to confirm that the schools and Chapter Houses will actually implement the lessons that include the DVD and publication of stories.

Discussion and Implications

After careful analysis of the interview data, I can make an illustration that storytelling can be a possible educational method to educate the Diné people about diabetes prevention strategies. Another claim that can be inferred from the interview data is that storytelling is a form of cultural transmission for the Diné. Through the act of telling stories (in the form of storytelling), as illustrated in this study among the Diné, community members convey the important traditions and values of the tribe and family. In addition, the study findings suggest that to incorporate the storytelling method into formal education setting, we might see an improvement in the learning outcomes of the youth in mainstream public schools and a strengthening of Diné culture and traditions.

A review of the literature showed that storytelling is a traditional way of learning for

Native American communities in regard to agriculture and gardening. This study aimed to transfer this practice to the teaching and learning of health care issues such as diabetes prevention strategies. The intention of this practice was to explore if storytelling could be an effective way of educating the Diné community around diabetes prevention strategies. A qualitative approach was selected for this study because it was determined that interviewing would be the most effective way to answer the research question. The interviews were phenomenological in nature because it was necessary to determine the way that the Diné people make meaning of their lived experiences. Narrative profiles were selected as a way to analyze and present the data, so that the participants were able to respond in the form of a story. This was an important feature of the study because it enabled the personal stories of participants to be expressed in their own words. It was determined that these methods were the most appropriate way to collect data which provided information that was relevant to my research objectives.

This study contributes to the scholarly body of literature in several ways. First, the findings can be provided to the Diné so that they can better recognize the importance of tradition in storytelling as it relates to health and well-being. These findings might also inspire their people to explore more traditional stories to strengthen and revitalize their culture. It can also be a more engaging way for Diné youth to learn about topics that would otherwise be more difficult to get their attention. Future research following this study might be to pursue additional interviews addressing diabetes prevention strategies in the form of storytelling. I plan to expand on these findings, with additional research to provide more examples of stories told in Diné cultural traditions with the potential to better inform the Diné about diabetes and prevention strategies.

The study reviewed here will be part of this larger project that will include medical

professionals as participants as well as Native people with and without diabetes, in order to add a scientific perspective about diabetes prevention strategies to the participants. The larger project, which will be conducted in the coming year, will expand upon the knowledge that was gained in this study, and will have an additional goal of producing a short film about diabetes prevention as told using storytelling. Furthermore, a book will be produced which will be guided by these findings and will contain instructional stories that are accessible to Native and non-Native peoples learning about diabetes prevention. The results of this study will be disseminated to the Diné by way of Head Start programs and community Chapter Houses. The findings from this study and the larger study will be relevant to Native American communities as well as non-Native peoples.

Image credit: http://www.tabulata.com/pueblos.htm

CHAPTER 3

Storytelling of Indigenous Peoples and How it Can Affect the Learning and Understanding of Diabetes and Prevention Among the Navajo/Diné

Traditional knowledge is a collection of facts, skills, experiences, and beliefs that develops through time and is passed down from generation to generation, becoming an integral part of a community's identity. Traditional treatments that may have an effect on obesity and diabetes may combine a variety of components, including dancing, hunting, rituals, storytelling, food harvesting and storage, and teachings, in order to address the physical, mental, emotional, and spiritual aspects of health. Researchers are progressively pursuing decolonizing research topics in the contemporary moment of reconciliation, making it vital that health research prioritize Indigenous values, epistemology, and histories. The goal of decolonizing research is to develop trusting and respectful relationships between researchers and their subjects. According to the Tri-Council Policy Statement, research with Indigenous peoples must be respectful, including cooperation, and result in reciprocal connections with the Indigenous community. Storytelling has arisen as a method in Indigenous health research as a way to honor Indigenous oral traditions, establish places for sharing holistic knowledge about health and sickness experiences, and attract community engagement. By emphasizing the perspectives of individuals who are typically ignored or excluded, storytelling may serve as a potent decolonizing strategy.

In light of the colonial heritage and current realities, critical and inclusive scoping reviews (Carter et al., 1989) of how storytelling is employed in Indigenous health research projects are vital. Indigenous and non-Indigenous researchers and elders think that it is essential

to do so in a way that supports the participation of a wide range of viewpoints in the review procedures and interpretation of findings. Respectful storytelling methods for patient-oriented research, including collaborations between Indigenous and non-Indigenous populations, need to be identified and documented. The findings of this literature review will help guide future research concerning storytelling and education's impact upon Indigenous health and decolonization.

Indigenous epistemologies can be anchored in storytelling as a decolonizing research approach, allowing for more culturally sensitive and responsive studies. Indigenous peoples have a rich oral history that emphasizes interpersonal interactions and adherence to customs based on tribal knowledge (Carsten, 2006). Because tales serve as a potent reminder for people of their identity, history, and cultural heritage, they play a critical part in Indigenous communities' resistance to colonization. Using Indigenous languages in storytelling stimulates emotions, generates deeper meanings and improves the health of the communities in which it is practiced. Indigenous researchers have long recognized the importance of storytelling research practices, which may challenge dominant Western worldviews (Csordas, 1999). Storytelling provides a culturally nuanced style of knowing and a realistic means of comprehending complicated phenomena relating to health. In addition, storytelling can offer up new ways of expressing one's life experiences as an art-based inquiry. A holistic understanding of Indigenous beliefs and history may be gained via the use of the arts, which can engage individuals physically, emotionally, cognitively, socially, and spiritually. Indigenous health research is rich in examples of storytelling that indicate its ability to illuminate Indigenous knowledge and practices (Carsten, 2006). In a participatory action research study, for example, researchers utilized storytelling to connect with the community and learn the perspectives of Inuit people living with diabetes (Hoy

et al., 1995). Research on Indigenous health is increasingly embracing digital storytelling (i.e., creating a 3–5-minute movie using multimedia assets such as narrative, images, music) to present a personal story (Iseke & Moore, 2011). First Nations women with heart conditions collaborated with Iseke and Moore (2011), using digital storytelling to comprehend ideas, language, and experiences related to their heart health. Several articles represented by research teams found the use of a digital storytelling workshop to be important in interacting with First Nations' women about their own experiences with various health conditions for educational reasons to the Indigenous population.

Due to a historical, oppressive, and colonial setting, Indigenous peoples' traditions have been extinguished (Truth and Reconciliation Commission, 2015). Based on the information given here, it appears that future generations will have less opportunity to connect with their ancestors' stories. According to some elders, when the North American government established residential schools for Indigenous children and took them from their families, knowledge was essentially 'put to sleep,' as they say. Despite the fact that Indigenous languages were systematically wiped out, some survivors of residential schools were able to re-create their memories and work with accounts of their experiences (Inglebret et al., 2008). In relationships, when young people have the opportunity to access memories from elders and knowledge keepers who are tied to local history and the land, there is a tremendous reconnection that occurs. In Indigenous societies, storytelling is a collaborative endeavor that draws on both individual tales and the collective stories of the whole group to create a cohesive whole. Throughout the tale, each story is intertwined with the others. In order to revitalize culture and forge connections to the past, traditional languages can be utilized as a starting point to begin the process of restoring it. Language is responsible for transmitting memory and history (Lee, 2008).

As a result, when it comes to Indigenous storytelling, elders and parents are typically the first to share their stories (McLaughlin, 2010). For certain parents, such as my father, it may be necessary to rediscover the ability to identify their children apart if it was lost through the forced integration process, as it was for him. Because they make use of metaphors, some stories, such as the one recounted by elders, do not always make it plain what the moral of the story is to be learned from them. The tale of Coyote, a sort of magician, trickster, enchanter, and enchantress, alludes to an alchemical method of understanding and making sense of the cosmos via the use of symbolism and allusion. According to the writer's understanding, the term 'alchemic' refers to the concept that knowledge comprises more than simply facts and statistics; it also includes the mind, heart, and soul. Traditional Indigenous peoples have much to teach us about the importance of metaphorical ways of experiencing the world (McLaughlin, 2010).

Stories may be used as a tool to help people rediscover their own identities and to help them overcome colonial oppression. It was through the use of storytelling that a common, cross-generational and cross-cultural bonding process was established between the youth, adults, senior citizens, and the broader community. It was a personal attempt for many of the storytellers who took part in this project to come up with stories to share. The method appeared to have a positive effect on the participants' self-perceptions, or at the very least, on their ability to communicate and reflect. Because of the training, on-site activities, and seminars, researchers were able to establish a greater sense of belonging to the group as well as to the broader community using various models.

Mastering story models must be one of the core goals of cognitive development in every culture. The human mind is divided into two distinct modes: paradigmatic thinking and narrative thinking (McCabe, 2003). As compared to the paradigmatic mode, the narrative mode makes

sense of the social reality by interpreting human acts and intents, organizes ordinary experience, and seeks plausibility and internal consistency that is lifelike. Additionally, McCabe posited that tales are situated in two different environments: The landscape of action and the landscape of consciousness are two sides of the same coin. The landscape of action deals with the characters' actual experiences, while the landscape of consciousness deals with their interpretations of the same experiences (Medicine, 1981). In order to understand the intentions of others, we need a framework for linking action and consequences. It is via a story that one learns more about the world around us, including how others think, what motivates them to behave, and what their actions mean to others around them. As a result, the tales we tell about our lives are formed by the stories others tell us in our culture. When we tell others about our lives, we take on the roles of both narrator and protagonist, inventing a variety of plots, characters, and tales to illuminate the motivations that drive the subjects.

An account of events over time expressed sequentially and diachronically; an understanding of behavior that is contrary to some culturally defined norm and the human plight; and a way to examine, reflect on, and interpret the underlying intentions behind the action are some of the benefits of narratives. As a result, narratives force us to think and analyze our experiences by presenting them as a series of events. When it comes to socialization, narratives may be a strong tool that can be used to teach people about other cultures' values and beliefs. A person's story is shaped by the collision of their memories, their language, and their culture. When we use language, we can identify objects that aren't right in front of us, as well as slow down and stabilize our own experiences so that they may be passed forward in a spatially transitive manner (Carter et al., 1989). Time, perspective, mental states, emotions, and goals may all be depicted and expressed through this medium. Language aids in the development of the

ability to organize and order their own experiences, as well as their ability to engage in meaningful social interactions.

It is crucial to remember that academics are not experts in any one topic. Instead, the young people and elderly in the community have a wealth of knowledge and experience. Academics may be able to make a difference as knowledge seekers as long as they do it with the agreement and collaboration of Indigenous people. When engaging in this form of communication, it is essential to seek out a relationship that is mutually respectful, reciprocal, and collaborative. A significant amount of the work done by researchers in Indigenous communities is dependent on interpersonal interactions. Indigenous peoples' life and the world in which they live are built on the foundation of their relationships (McCabe, 2003). It was only via our contacts with elders, other young people, and the research team that we were able to share the story. Consequently, Older people, via the practice of telling stories in a circle and the use of generative metaphors and symbols, such as in the case of animal tales, are able to demonstrate the origins of the storytelling process. Using the approach described above, the researchers' position and active presence in the room or location where the stories are told have an influence on the narrative. Not only do they actively engage in the storytelling process by suggesting new ways, such as the use of technology in a digital storytelling workshop, but they also actively participate in the narrative process.

The story and project are currently in the early stages of development. The overarching notion of this body of work is that our feeling of self and belonging is founded on our ability to connect with and reconnect with our environment. People who hear stories about the land and family links may feel more connected to their community and happier as a result. The efforts of interpreters to translate a questionnaire in a clear and correct manner illustrate that being able to

communicate effectively in one's native language is not sufficient. It is necessary to take into consideration sociolinguistic differences as well as the likelihood that the more perplexing translation may hide the original meaning of words. Indigenous peoples and their tales must not be exploited through the use of storytelling methods. According to Medicine (1981), it is critical that researchers understand how to use Indigenous tales in a respectful manner. For avoiding erroneous readings and damage, stories must be understood in the context of their creation and in light of the underlying epistemological assumptions. Stories may "reify, objectify, essentialism, and/or further marginalize" individuals and communities if they are not handled with "socio-cultural sensitivity and personal sensitivity. Academics linked with universities, which are dominated by Western worldviews, commonly conduct Indigenous health research. As a result, it is crucial to understand how study participants' tales are guarded and interpreted.

There is a growing body of research that uses storytelling as a tool for Indigenous health research, and it is essential that this form of decolonizing research be critically reviewed. There was no current or planned assessment of storytelling as a tool in Indigenous health research that including culturally relevant, tribe-specific material in community-based health projects will help increase diabetes education attendance and retention (Wilson & Csordas, 2003). Indigenous health research practices and qualitative approaches can be applied to augment established curricula, like the study by Wilson and Csordas (2003).

To ensure that the study's conclusions were implemented and supported by the community, researchers used CBPR (Carter et al., 1989). Several factors were required in this study to ensure the Diabetes Program could implement and sustain, especially in Indigenous communities. It is vital to create early mutual trust. The diabetes program team was able to get authorization from the tribe, as well as co-develop a research curriculum. An author first

employed Indigenous health research methodology and Indigenous principles of key (personal behavior and kinship) to build respect and positive relationships with Indigenous leaders and community members (Wilson & Csordas, 2003). Aside from the program's input, cultural experts and healers were actively involved in the curriculum construction.

Creating and teaching cultural education is an important aspect of discovering communities' health-protective and strength-based knowledge. Qualitative voices provide depth, richness, and meaning to the education program. One of the study's unique elements was the tribe scholars' deep cultural background and experience (Benyshek, 2005). The depth and force of the health messages required cultural specialists and the chief author's knowledge of Indigenous language and culture. Using qualitative methods, this study may help develop a culturally-based, tribe-specific health education strategy for Indigenous people with diabetes. More study is needed on the effectiveness of tribally tailored health promotion activities. In an intervention study by Piquemal (2003), participants were encouraged to cook healthier meals for themselves, their families, their friends, and other members of their community as a result of their experiences in the interventions. Participants expressed emotions of success and pride, which were evident in the description of their own and other people's pleasure in the food they had made, despite the fact that mastering food skills is typically viewed as impacting health habits. Many participants' attitudes toward food altered as a result of learning new culinary techniques and discovering the importance of eating healthfully.

Deep cultural modifications necessary for the development of effective diabetes education programs at the individual tribe level can be informed by qualitative research methodologies and culturally safe and meaningful contact with cultural leaders. Participants in AIAN diabetes education programs may benefit from such research because it might reveal

culturally relevant characteristics that impact their level of involvement and completion, as well as their health outcomes (Powell et al., 2019). Our recommendations for qualitative CBPR techniques and Indigenous research practices are based on the Indigenous cultural teachings and are intended to help guide the creation and implementation of a culturally customized tribe-specific educational program.

Two distinct ways of thinking and communicating exist in Western and Indigenous societies. However, human consciousness may be influenced by cultural encounters, which may lead to a shift in culture. Contact with and awareness of Western culture has had a special impact on traditional Native literature. Despite this, oral ways of expressing one's thoughts are a part of everyday life. Oral thought expression encompasses a wide range of thinking styles, including comprehensive and situational thinking. After more than 50 years of contact with Europeans and Americans, the Native Americans have organized an oral conference that focuses on educating Europeans and Americans about their culture. Even though Egan emphasized the importance of storytelling in the education of children, he was unaware of the social leaning that may be found in his research. Native orality knowledge must be incorporated into educational programs in order to be truly effective and cognizant of the culture and customs of the Native peoples. Despite the fact that Western logical knowledge may be transcendentally transferred by writers, the presence of other acceptable forms of information, such as Native information, which is mostly given orally, should be recognized. Rural residents may not be familiar with the intricacies of diabetes, but they are all too familiar with its symptoms.

Diabetics, according to Powell et al. (2019), "feel fatigued, they feel dreadful." Metformin, a blood sugar-lowering medicine, is commonly prescribed by doctors, but for some individuals, it is not enough to alleviate their symptoms. "There is no one treatment or action that

can properly fight the illness. As a result, individuals are continually on the lookout for a solution." (Powell et. Al. 2019, 817) In rural Mexico, people's approach to managing their diabetes is in disarray, leading to a host of problems, such as lower-limb amputations and blindness. T2D is a disease that must be managed by mutual education, according to Satterfield (2016). 'We need a program in which doctors can fully explain to individuals what is going on with diabetes. Because this is a fact, they must be transparent about the use of medicinal teas by the general public. Because some standard drugs do help, doctors can't just assume that's what's going on. Their knowledge and culture are rooted in a long tradition of Indigenous peoples, yet they are constantly growing.

People in Mexico and Central America's Indigenous communities are impoverished, yet they still have access to an abundance of traditional plants. The process of revitalizing and reconnecting with food and medicinal plants is only getting started for many tribes in the United States and Canada. Stories retain within them bits of knowledge while simultaneously denoting connections," explains the "Indigenous approach." It's impossible to separate a story from its narrator in an oral tradition (McLaughlin, 2010). According to Smith's definition: "tales; values; practices; and methods of knowing; continue to inform Indigenous educational practices. As a result of new social relationships and breaking down social isolation, participants' social health was not only improved but also their mental wellbeing. Participants have strengthened their capacity to use social resources and capital that support a socially productive existence by forming new contacts and developing a sense of group identity. The treatments also had a positive influence on participants' sense of wellbeing on a social level, as seen by their increased interest in their forebears, history, and cultural identity. An individual's ability to connect with

and appreciate their own culture and social identities was also considered to be a component of social health in this approach.

According to the statistics, the four dimensions of health that emerged from the analysis of data were quite similar to the four quadrants of the "medicine wheel." This is interesting. Despite the fact that the medicine wheel is not a traditional Mohawk practice, physicians from Kahnawake utilized it successfully to improve health, and it is now widely recognized in this community (Carter et al., 1989). A person's spiritual, physical, emotional, and intellectual selves are all represented by the medicine wheel's four quadrants. People who maintain a healthy equilibrium between various aspects of their lives are seen as content, resourceful, and able to care for, trust, and respect others around them (Benyshek, 2005). Poor health is typically attributed to an unbalanced body, and it's not hard to see why. There were no predetermined outcomes in this study, but the findings inevitably showed that participants' perceptions of their health had changed on all four dimensions: mental, physical, spiritual, and social.

To comprehend and employ Indigenous methodologies, we must acknowledge our colonial past, the necessity of decolonizing ourselves as researchers (Carsten, 2006; Csordas, 1999), and the necessity of re-learning and learning new things. As a result, we must reevaluate our core beliefs and ideals. Being able to have a better understanding of my shortcomings, my struggles, and what I must do in order to conduct my research with integrity has been both upsetting and empowering for me thus far (Inglebert et al., 2008). When some Indigenous researchers accept me as an ally while others reject me as a colonialist and hegemonic figure, this is an illustration of this. A non-Indigenous person must take responsibility for his or her role in colonialism and attempts to decolonize.

There is no single individual or mind that is self-determined, isolated from, or autonomous from its ecology, which for us includes land, community, and ancestors, in Indigenous epistemologies, which are relational and ecological. Research on relationships, rituals and other types of cultural activity hinges on an understanding of these connections (Wilson, 2003). Thus, working with Indigenous peoples challenges us in our fundamental assumptions because we were schooled in Western nations and traditions. Native American researchers use Indigenous research methodologies to make a difference in people's lives and communities by working with members of the community on community-driven concerns rather than just obtaining or analyzing information from them. The past must be decolonized, and the future must be addressed. Having frequent meetings with elders and youth is essential to establishing trustworthy connections and achieving the goals of our work together.

Indigenous peoples place a high value on their culture as a key resource. A lot of researchers believe that the concept of cultural continuity and identity is useful in the quest to preserve and revitalize the link between the past, present, and future. Waller and Okamoto (2003) particularly link cultural continuity (i.e., preservation of traditions, land, beliefs, and language) with avoidance of suicide. Understanding and practicing one's culture is a key component of cultural continuity and suicide prevention, according to the concept of this study. Communities' culture and vitality may be preserved and enhanced via the preservation and enhancement of cultural traditions.

Studies like Walters et al. (2011), Satterfield (2016), Medicine (1981), and others have found that Indigenous youths who have a strong sense of cultural identity and continuity are less likely to engage in self-harm than those who have lost their sense of identity due to cultural annihilation and genocide. Indigenous communities make a concentrated effort to help their

members rediscover their culture and customs by investing in elders and cultural facilitators who can help them recognize their common past and help them establish their personal and communal identities. In contrast to centuries of tyranny and degradation, cultural continuity is linked to a sense of belonging (Sahota, 2012).

For Indigenous peoples, this constituted "cultural genocide" (Among the Indigenous groups, it is commonly acknowledged that we must learn about our culture and the land to restore our identity, community, and strength. However, our experience has shown that this is an element of an understanding of cultural continuity. It may be a complex and disputed fact. Because the students in our program reside on a reservation, they spend much of their time interacting with other Indigenous youth. As they've worked on our project, they've talked about culture and how they don't feel connected to their own culture. One young man told us he had never spent time with an elder or understood the significance of ancestors. Rediscovering and re-interpreting the land's historical meaning is a key component of continuity in land-based endeavors. Since food, water, shelter, and the spiritual notion all derive from the land, it's no wonder that land is seen as a vital relationship. According to Indigenous beliefs, this is how land gives culture in the traditional view. It is, therefore, an important aspect of those traditions.

For us to hear and initiate new ways of seeing, McLaughlin (2010) tells a pedagogical narrative. Workshop participants learned how to think about tales from a cultural perspective. Narratives have the power to stir up a wide range of feelings and memories in their listeners. Elders would tell these tales in order to teach a lesson that might be applied to the listener's own life. The story's relevance stems from the fact that it was passed down from generation to generation by the forefathers. Unless we are willing to pay attention to our own feelings, ideas,

and reactions, we will not gain anything from this experience. That the story isn't a neat narrative with a beginning, middle, and finish is also pointed out by Lee (2008).

Indigenous epistemology and pedagogy place a high value on storytelling as a means of transmitting knowledge for generations. For non-Indigenous people, it's nearly hard to grasp the significance of this statement until we engage in direct dialogue with Indigenous peoples. Metaphors, animal stories, and images are used to tell and understand stories in a way that is significantly different from how they are taught in Western education systems. People learned to accept tales as changing, designed to help them expand hearts, thoughts, and expose themselves to new ways of understanding. Storytelling is reflexive, embodied, a slow-paced activity that needs perseverance and concern in order to keep us learning, remembering, and comprehending ourselves, others, and the world. The tale is rooted in a contemplative, iterative, and ever-evolving place. When we reflect on the past, it becomes more relevant to us right now. Interaction and re-examination are essential to the story's success (Hoy et al., 1995), and subjectivity takes precedence over the objective. The term "discovery" is neither Western nor Indigenous; it is a phrase that researchers may use to describe the human capacity to recognize and recall information. Respect, reverence, accountability, and reciprocity are some of the most common Indigenous concepts of dealing with Indigenous peoples and storytelling (Carlson et al., 2018). Acknowledgment is the act of honoring the connections formed as a consequence of our efforts and the story that we have created. There is a strong relationship between Indigenous storytelling and the interconnectedness of the four realms of the mind, body, spirit, and emotion. This may be consistent with some Western storytelling, such as in the feminist tradition of examining women's daily lives through the lens of cultural history. Improved communication and accurate translation of diabetes terminology and concepts are in high demand. To ensure an

accurate and meaningful translation, translators believe that consideration of not just linguistic-interpretation but also social and geographic factors is crucial in some cases. Network-based advanced narrative and investigation are represented in these examination programs, which are noteworthy. Youth and adult consumption of alcohol has increased dramatically among the Native American population, which may have led to increasingly complex interrelationships due to their increasingly distant familial ties, as well as to the consequences of their habitual consumption (e.g., legitimate, clinical, viciousness, division because of detainment). It is important to consider the biological environment while assessing the substance use behaviors of different groups of teens since it both encourages and opposes young drug use. Age, cholesterol levels, blood pressure, and albuminuria are all risk factors for cardiovascular disease. Considering the high prevalence of cardiovascular disease among Navajos with diabetes, the prevention of diabetes via population-based health promotion looks to be essential to its management. Currently, people with diabetes who have hypertension must be treated on a daily basis. There has been an increase in diabetes rates in the Navajo community, which is damaging their cardiovascular system.

Childhood obesity and type 2 diabetes mellitus (T2DM) are becoming more prevalent among Indigenous peoples in North America (Hoy et al., 1995). Indigenous children in Canada have one of the highest rates of pediatric T2DM in the world and account for about 50% of new instances of T2DM, with intergenerational impacts including prenatal exposure to maternal obesity and diabetes programming contributing to this risk (Benyshek, 2005). The increase in T2DM is mostly due to obesity (Csordas, 1999), which begins in childhood and continues to develop with age in these populations. Eleven percent of Indigenous children in North America are overweight as preschoolers, and this rate rapidly increases to 40% in the 9–13 year age range

(Hoy et al., 1995). Diabetes and obesity epidemics in Indigenous communities are caused by a variety of factors, including historical and socioeconomic issues related to colonialism's legacy, cultural oppression, and systemic poverty. These variables interact with genetic and environmental factors, which may worsen the recent increase in T2DM prevalence. In Indigenous cultures, T2DM is associated with adverse outcomes, including premature mortality and comorbidities such as nephropathy, neuropathy, and retinopathy, as well as cardiovascular diseases. While it is critical to avoid or delay the onset of T2DM and associated comorbidities, including conventional knowledge of the design, implementation, and assessment stages of community-based therapies will almost certainly improve success and increase buy-in.

Instead of domination, showdowns, strife, and intimidation, morality, correspondence, teamwork, and worship of the maker and nature's norms fostered a sense of wellbeing and security. It is imperative that we restore our cultural teachings and re-establish our innate control in order to preserve our cultural qualities in self-administration, as our children deserve balanced living, amicability in correspondence and harmony in the family as well as splendor on Earth and happiness with our souls as well as families and communities.

Conclusion

We have reviewed many research projects that have taken place looking at the concept of storytelling as a way of learning. It is with this newfound knowledge that we better understand the importance of learning about culture first before we start to introduce new information about their behavior that is needed to improve a health issue such as diabetes. This concept not only applies to the Indigenous people but to all cultures around the world. This literature review has a focus on the Native American people in general and its focus on the Navajo people. Storytelling is the most effective way of learning for the Navajo people to educate them about diabetes and

its prevention methods. It needs to be applied in a way that fits their culture and their way of life in the environment they reside. The outcome of learning this information in this literature review is invaluable in helping the survival of the future of the Native American people.

CHAPTER 4

Historical Trauma of the Indigenous American People in the United States of America: Their affected Resistance to Western Knowledge

The Native American people have endured many hardships such as oppression, genocide, and constantly being manipulated and betrayed by non-natives throughout history. It is for this reason that the Native Americans are so resistant to any western knowledge and any outsiders that try to introduce themselves under the guise of wanting to help them. There is an intergenerational trauma that has taken place between generations and still to this day. This literature review will help us to understand the resistance that they have developed and how it affects their culture in our society. The United States Government has had a long and tedious relationship with Native Americans here in the United States. The Native Americans have had to fight and negotiate with the newcomers since the moment the first outsider showed up in this country. Unfortunately for the Native Americans, it has not gone well. Native Americans have been fighting to keep their lands and their sovereignty since 1492. The United States Government has been making policy concerning the Native Americans for a very long time. If you look at the history of federal Indian Policy throughout the years, you can see that the Native Americans have always been on the downside. There are those who are trying to do right by the American Indians, but they are far outnumbered by those in Government who do not want to give the American Indians anything. There have been some laws and treaties that have been put in place that do try to help protect the Native Americans' rights. But it is a long way from being fair to the Native Americans. It begins from the Doctrine of Discovery to the now Acts that involve gaming, mineral, and water rights. This paper looks at some of the major happenings

regarding federal Indian policy that have been put into place throughout the years. It will also look at previous research that has been published to help us understand the reasoning why the Native American people are so resistant. There were a lot of hardships and injustices against the Native American people that took place. First is a brief history of the federal laws that the Native Americans had to endure and address. Then we will look at a literature review of research that has been undertaken previously, looking at the mindset of the Native American people and trying to understand why they are so resistant to western knowledge and culture. We will see why there is an intergenerational trauma among the generations of the Native American people.

1492-1828

One thing that is important that started it all was the Marshall Trilogy cases. It was these cases that established the "Doctrine of Discovery," in which it determined that Native Americans cannot own land, but they can merely be its occupants/caretakers of the land (Wilkinson, 2004). It also established the "trust responsibility" between the United States government and the Native American tribes (Wilkinson, 2004). There were treaties being made with the British and the American Colonists during the Revolutionary War. Once the war was over and America won, the American government made treaties with the Native Americans that said they would not take their land and that they would be established as a Sovereign Nation with the rights that go with it. The United States did this because the colonists were depleted and so did not want any conflicts with the Native American tribes. Another thing that was established during this time period was that Congress had Plenary Power (Meyer, 2002).

Other things that came about during this time period were that some legislation was put into effect to protect Native American rights. Congress passed an Act to regulate trade with

Indians and to prosecute whites for crimes against Native Americans. This was a good thing since the Native Americans were being taken advantage of by the whites. A big thing put into effect was the Northwest Ordinance of 1787, in which land and property could not be taken without the consent of the tribe. Prior to this, the settlers would just come in and force the Native Americans off their land and then take it for themselves (Deloria, 1974). The bad thing about this was that the laws were not enforced, so Native Americans would continually lose their land.

1828-1887

The Bureau of Indian Affairs was one of the first and greatest things put in place at the start of this time period (BIA). The Bureau of Indian Affairs was established under the United States War Department in 1824 and moved to the United States Department of the Interior in 1849. After 1789, the War Department was in charge of Native American matters, but it took a long time for a distinct bureau to be established. It was in charge of trading with Native Americans, as well as their relocation to the West, protection against exploitation, and confinement on reservations. Because of widespread discontent with the army's handling of Native American matters in the West, the duty was transferred to the Department of the Interior, which was reformed (Morrison, 1987; www.bia.gov).

In terms of averting battles with Native Americans and defending their rights, the new agency was no better than its predecessor. Instead, the Bureau of Indian Affairs grew into a land-administering agency, with the Dawes Act of 1887, the Burke Act of 1906, and the Wheeler-Howard Act of 1934 hastening the process. It presently acts as trustee over Native American lands and monies. For Alaska Natives and Native Americans in the United States, the agency also encourages agricultural and economic development, as well as providing a health

program, social services, Native American schools, and reclamation projects. The Bureau of Indian Affairs is also known as the Indian Service and the Office of Indian Affairs. Native American civil-rights organizations, such as the American Indian Movement, started aggressively challenging the agency in the early 1970s; in 1997, Interior Department auditors accused the department of mismanaging money due to Native American tribes and individuals (Morrison, 1987; *www.bia.gov*).

The Bureau of Indian Affairs (BIA) mission is to:

"… enhance the quality of life, to promote economic opportunity, and to carry out the responsibility to protect and improve the trust assets of American Indians, Indian tribes, and Alaska Natives."(US Dept. of Interior Indian Affairs. gov),(www.bia.gov).

A major blow to the Native Americans during this time period was when President Andrew Jackson committed the removal of eastern Native American tribes to be relocated and moved to the west against their will (Utter, 2001). This came to be known as "The Trail of Tears." It was the first and only time that the American president went against a supreme court ruling by not enforcing the ruling. Treaties were being made and then broken continuously among the tribes and the settlers. So, in response to this, Congress passed a bill to end treaty-making in 1871(Wilkinson, 2004). Congress also tried to do what they called to civilize and assimilate Native Americans into the white people's society, and Congress passed the Indian Removal Act in 1830 (Wilkinson, 2004).

1887-1934

There were two big things that happened during this time period, and that was the General Allotment Act of 1887, also known as the Dawes Act. It allotted communal lands in the

amounts of 160 to 320 acres to each member of a Native American tribe (Wilkinson, 2004). This had a drawback to it in that all the other land that was not allotted was open for settlement by the white settlers. This also brought corruption and deception by the white man by having fee status lands go into what we call foreclosure, and therefore they were able to buy the land away from the Native Americans (Gates, 1979). The other monumental thing to happen was that Native Americans were made citizens of the United States (Wilkinson, 2004).

1934-1953

A few things were established during this time period of federal Indian policy. A major thing was the Indian Reorganization Act, also known as the Wheeler-Howard Act, in 1934 (Wilkinson, 2004). This brought about that tribes had to establish a form of government in order to show their sovereign status. Most of the constitutions that the tribes followed were the ones drawn up by the Bureau of Indian Affairs (Wilkinson, 2004). Other tribes have formed their own type of government, but it is still upheld by the United States since the Native American tribes are a sovereign power.

1953-1968

I would have to say that the majority of the things that were put into effect during this time period were all bad for the Native Americans. In 1953 Congress created Resolution 108, which would terminate federal benefits and services to a Native American tribe that did not have federal recognition anymore. This was also the time when 109 tribes were terminated as federally recognized tribes. Of the biggest blows to Native Americans was the establishment of Public Law 83-280 (Wilkinson,2004). It gave six states criminal jurisdiction over Native Americans. This pleases the states since they have always been fighting to gain control over the Native American tribes and the lands that reside in their state (Fixico, 1986). Another thing that

happened was the 1956 Indian Relocation Program which took 35,000 Native Americans and moved them to live in the cities. This did not work, and at least 1/3 of the Native Americans ended up returning to the reservation after they experienced poverty and poor living conditions (Fixico, 1986).

1968- Present

This is the time period when things are getting better and hopefully will continue to keep getting better. For one thing, this was the time when President Nixon denounced the termination policy and removed it (Wilkinson, 2004). Another good thing was that Congress decided in 1968 to stop PL 280. Many tribes were also restored to federally recognized status and therefore regained the benefits that they had lost during the termination era. The Indian Self-Determination and Educational Assistance Act of 1975 enabled the Native American tribes to self-govern themselves and administer their own federal programs (Wilkinson, 2004).

But I think the biggest plus to having happened in the Indian Gaming Regulatory Act in 1988. This enables Native American tribes to have casinos on their reservations. This would bring in much-needed economic resources to the tribe. It also provided a lot of jobs for the members of the tribe. Indian Gaming Regulatory Act 1988 (IGRA) (Meyer, 2002).

Indian gaming is a complicated issue, legally and consequentially. Prior to 1988, the Supreme Court had twice ruled in favor of tribes' gambling rights, stating that as sovereign nations whose they were not subject to state gambling restrictions or oversight (Bryan v. Itasca County (1976); California v Cabazon Band of Mission Indians (1987)). As a result of these rulings and the Reagan administration's emphasis on tribal self-sufficiency, several very profitable Indian gaming industries were established, sometimes in states with otherwise narrow gaming laws (Washburn, 2008). Concerned that they had no authority in regulating or overseeing Indian gaming operations and were

not entitled to tax the revenue generated by tribal gambling industries within their borders, states began lobbying Congress for more power over such initiatives. In 1988 Congress responded by passing the Indian Gaming Regulatory Act (IGRA), which establishes rules for establishing, regulating, investigating, and taxing Indian gaming initiatives. (25 U.S.C. § 2701. 1885).

There are still policies being made during these times, and it is always changing. Sometimes for the better but also for, the worse. Federal Indian Policy that has been going on since 1492 has done nothing really to help restore the lands and resources back to the Native American people. The Native American people have been fighting for their land and resources for decades. They even tried to learn the legal system of the Americans, but that still didn't help them. It has been put into place that Congress has plenary power over the Native American tribes. This means that no matter what the Native Americans fight for, they will always have to get the permission of Congress. Sometimes they have to get the permission of the State Government that they reside in. It is claimed that the Native Americans are a Sovereign people, but I disagree. I believe that they are semi-sovereign people. As long as Congress has plenary power over them, they will never really be a Sovereign people. The United States Government is run by the Elite 1%ers and corporations. The American people throughout history will discover resources on the American Indian's lands and then just take the land away from them in order to acquire those resources for the purpose of wealth. We have seen it happen in a major way with the "Trail of Tears" and when they put the Chiricahua Apache tribe in the Chiricahua mountains. As soon as they found a valuable resource on the Chiricahua Apache reservation, they moved the Chiricahua Apache to another Apache Reservation so the white people could take the resources. A perfect example of this is going on right now with Mt. Taylor in New Mexico. The mining companies have found lots of uranium in the mountain, which is a sacred mountain to many tribes in the area. So, it

happens again that the Native Americans will lose their land to an American people resource.

The federal Indian policy has changed the way Native American people live their lives and maintain their culture and ways. The federal Indian policies being made are always changing the way that Native Americans can live their lives and maintain their resources. It doesn't make sense that a government can tell a culture how they will live their lives. Earlier in the mention of the Marshall Trilogies, they mentioned the United States Government is the parent/guardian of the Native American people. It seems that the United States Government is taking that too literally. I hope that there will be people out there that will continue to fight for the rights of Native Americans. There is still a lot more to be done in defense of the Native American people. It is not right that the Congress of the United States Government has plenary power over the Native American people. I understand that it is also there to protect the abuse of the Native American people, and I agree with that part of it. But it is a double-edged sword, really. By having that protection, the Native American people have given up some of their sovereign power. It brings to mind the current Patriot Act of 2001, where Americans have given up certain rights in order to have protection against terrorism. The Native Americans have a long way to go before they can rest and stop having to fight for their right to live. I, for one, will always be fighting for the rights of Native Americans, even if it means I have to get involved in politics.

Literature review

Many minority groups encounter life experiences and important socio-political difficulties, but psychological research has concentrated on supposed universal cognitive, behavioral, and biological processes that are not especially relevant to their life experiences and pressing socio-political problems (Henrich, Heine, & Norenzayan, 2010). As Western societies

become more diverse, with racial/ethnic minorities on track to outnumber non-Hispanic/Latino Whites in the United States by 2050, the gap between established psychological knowledge and lived, personal experiences of racial/ethnic minorities may widen even more, casting doubt on psychology's relevance for a soon-to-be majority of Americans. As a result, in addition to the institutional adjustments required to close the relevance gap for the field (e.g., diversifying faculty, sponsoring contextualize investigation), psychologists must dedicate more attention to theories and issues that are relevant to these groups.

According to Coulehan (1980), the Navajo are peaceful people living in the southwestern United States. Shepherds and semi-nomadic farmers, these Indigenous people change their winter Hogan (dwelling) for the summer one located in the mountains. Focused on their grazing activity and small crops, they go from one side to the other of this region. They did so at least not long ago. Customary medication men exist together with doctors and clinics on the 25,000 square mile Navajo Indian Reservation. Genuinely sick Navajos use the two frameworks of medicinal services. This official investigation of concurrence underlines a few general qualities of healing. Normal functions are fruitful because they are coordinated into Navajo belief frameworks and address issues of sick individuals not managed by the accessible Western medication. Doctors and different healers evacuate hindrances to the body’s rebuilding of homeostasis or, as the Navajo state, to harmony. In the Navajo context, the medicine man is the one who unifies the signifiers of the supernatural and establishes a magical system that is accepted by the group. The context is unified, and the order is reached. This paradigm of the supernatural is easily articulated and made present through the sign or, more specifically, through that special class of signs that are symbols.

In all religions (almost), the symbolic image ends up being the object of worship, and a

privileged carrier of supernatural Reductionism restricts the range of deterrents thought about important (e.g., reasons for disease). Religion is aesthetic, in the etymological sense of the word “aesthetic” (what is perceivable through the senses, sensation) since it bases its paradigms on supernatural ideas, that is, an experience not based on what is perceived by the senses. But through thought (faith, for example). Paradoxically, religions make exhaustive use of all aesthetic (artistic) manifestations for the development of their ritual practices: music, songs, paintings, sculptures, and architectures, installations (the use of several artistic languagesat the same time to create a specific environment): the environment of the sacred). However, a substitute model may incorporate emotive, societal, or spiritual occurrences similarly as critical to recuperating as are biochemical activity. In that unique situation, other than medical healers, just as doctors, can conceivably impact factors applicable to recovering.

Navajo medicine men are called “Hataali" (singers) and are a dominant factor in the life of this tribe. The Navajo are intensely religious, and Indigenous life is centered so much on rituals; those ceremonies are described as intertwined with daily life to the point that they could not exist without one another. It is precisely European interference that has perhaps been the most decisive element for the consolidation of the modern Navajo Nation. The common history of wars, abuses, grievances, and hostilities on the part of Hispanics first and Anglo-Saxons later has endowed the Navajos with a collective conscience of the struggle for the subsistence of their culture and their ways of life against western colonization. Certain specific events have contributed to this and have been recorded in popular memory (Coulehan, 1980).

The concept of historical trauma in relation to Indigenous peoples' postcolonial experiences in North America initially surfaced in the behavioral and health sciences literature in the mid-1990s, according to Gone (2014). It was originally recognized as an intergenerational

form of Posttraumatic Stress Disorder (PTSD) brought on by European colonization and invasion. The rhetorical force of the term stems from the intersection of two earlier constructs: historical oppression and psychological trauma (Gone, in press). The original goals of defining historical trauma were to place Indigenous health problems in the context of postcolonial suffering, de-stigmatize Indigenous peoples whose recovery was hampered by paralyzing self-blame and legitimize Indigenous cultural practices as therapeutic interventions in and of themselves. Indigenous historical trauma proponents have primarily been mental health practitioners or activists who harness existing discourses inside behavioral healthcare institutions and services, in addition to their emancipatory objectives. As a result, a complicated negotiation of ideas and values seems to be taking place, swinging between emancipatory idealism (motivating practices that re-socialize medicine) and pragmatic realism.

As noted by Rowe (1997), in September 1991, a five-year GAP-financed system substance misuse counteraction program was propelled in this Native American people group. This project mainly focused on the following aims: To make a sheltered domain for a group of individuals to acknowledge their obligations regarding their soberness as individuals and to move in the direction of a moderate network. To extend the present-day development of the Alcohol and Drug Prevention Committee by giving training that will push them to describe "Drug-Free Community" in operational terms and to portray procedures that are reachable and unmistakable by the community. To make people aware of the effect that medications and liquor have on people, families, and the whole social network and to blow out the conviction that tribal individuals have an option about liquor: that restraint is a satisfactory choice. To build up a supportive group of people and make recuperating and recuperation assets for the individuals who decide not to utilize liquor or medications. To revamp positive network attachment and

well-being dependent on social standards and practices.

A little (550 participants) rural network had a background marked by genuine issues of alcohol and drugs. The Chi-e-thee ("laborers") basic level program addresses substance misuse through a technique utilizing network coordinated effort between different tribal agencies, communal strengthening, and education. Social upgrade, and advancement of encouraging groups of people and administrations for individuals occupied with mending and recuperation. This program was fruitful in supporting more than 215 social and instructive occasions and has brought about 96 individuals making a guarantee to restraint, a communal based change in standards about health and substance misuse, the formation of novel systems of correspondence and joint effort, and new ancestral approaches and requirement practices to diminish medication and liquor misuse. The quantity of spotless and calm people was resolved to have expanded from 25% of the grown-up populace in 1992 to 40% of the grown-up populace in 1996 (Rowe, 1997).

According to the Center for Disease Prevention and Control (CDC), Native Americans experience diabetes three times more than any other racial or ethnic group in the United States. One in five Native Americans has diabetes, and the population suffers from a high prevalence of obesity. Type 2 diabetes has widespread in numerous Native American people in North America. The dominant part of doctors, biomedical analysts, and clinical scientists keep on clarifying the astoundingly high predominance paces of diabetes among Native Americans and other high pervasiveness populations. However, its genetic elements are still under research. Late investigations and epidemiological examination have uncovered an etiological option in contrast to the genetic-predisposition model. The results of these research propose that end-results of type 2 diabetes lead from fetal malnourishment and engender by the disturbance in the intrauterine condition in succeeding generation. Those American populaces are in most danger for diabetes,

which has tolerated extreme healthful worry in their ongoing accounts, in this manner encountering the conditions that are generally helpful for the diabetic formative grouping. On the off chance that further validated, the ramifications of the fetal-inception model for diabetes intercession programs are significant (Benyshek, Martin & Johnston, 2001).

In addition to progressing endeavors to promote a phenomenological anthropological commitment with emotional and mood extents of the right experience, Throop (2017) looks at the manners by which ordinary dispositions may reveal types of harmonization to prevailing conditions. The researcher concentrates explicitly upon the state of mind curved worries of a Yapese lady experiencing type II diabetes named “Thiil” who gives up on the likelihood that her youngsters will, in the long run, become burdened with the ailment too.

As cited by Throop (2017), Thiel's depression, her feeling of misery, of passing on “negative behavior patterns,” and of sitting tight for the appearance of degenerative parts of an illness that will no doubt impair and execute her, just as before long burdening her girls if things don’t change, unveils an attunement to conditions where her family’s future prosperity is experienced as a long way outside her ability to control. The amassed sedimentation of propensities from a lifetime of associations with her girls disturbed any endeavors she may yet still take to change their prospects through a straightforward “decision” to do or turn out to be something else. Furthermore, her little girls, such as herself, are people impressively situated in a specific verifiable second adapted by monetary and political real factors of a worldwide scale that have achieved phenomenal ascent in endocrine, metabolic, and wholesome issues like diabetes all through the Pacific district. Thiel's depression is additionally critically adjusted, nonetheless, to a great extent unsaid foundation skyline of worries that are implanted as much in generally sedimented neighborhood directions to personhood, spot, and plausibility as they are to

the robust social, organic, monetary, and political conditions that add to characterizing the boundaries for living in a contemporary Yapese people group.

In such a manner, Thiel's sadness is likewise receptive to long-standing nearby directions to proper methods of being in which the development, arrangement, dissemination, and ingestion of food are held to assume a focal job in figuring and reconfiguring the acceptable limits of people. Sensitive to the ethical verbalization of these systems by methods for her misery, Thiil encounters “the future as shut to important prospects that should, in any case, be there." To this degree, in any event, Thiel's hopelessness uncovers some conceivable “transferable” pathways of a putatively “noncommunicable” ailment.

Johnston (2002) cited that local American common medication is alive and energetic in numerous North American cultures. These customs exist together with different types of recuperating and the specific patterns of presence, cooperation, and modification among gatherings. The research articles analyzing these issues are moreover different. Johnston (2002), through a survey of the existing literature, investigates how social and conduct researchers are focusing their examinations of customary and substitute medication in Native American people group of the United States and Canada today. Issues incorporate how local practices have continued and changed, how they are being utilized (e.g., in surrounding social personality), and how they interface with different frameworks, particularly biomedicine and confidence mending. In the Navajo language, only one word exists referring to the very vague past, which translates into English as “ a *long time ago*. " Their past is the memorial present. They have a calendar linked to the seasons and the movements of the stars. But Western dating would not have been necessary if there had not been contact with the "Anglos": they are ahistorical. This explains the refusal, by some Navajo, to celebrate the “millennium″.

Despite these weaknesses, much work exists concerning common medication in contemporary Native American social orders of North America. Indian and Inuit individuals in numerous networks keep on determining the advantage of conventional types of healing. Indigenous medication gives a vehicle through which to communicate individual and social personalities and to take a position corresponding to a past filled with colonization and continuous force associations with the dominant society. However, the characteristics of Indigenous communication that intervene in the demand for information have to do with the patterns or preferences that prevail in the use of information by each population. To cite some examples: it can be found that the information appears in family conversations and is transmitted orally, or that the communication channels are usually parents and relatives, who are responsible for transmitting the messages in their native language, with the purpose of promoting the use of their language (Johnston, 2002). Old fashioned ideas like a straightforward division among typical and present-day get resoundingly overturned by the real factors in local networks. For political and social researchers, the procedures and marvels encompassing conventional medication today give chances to investigate issues of development of importance, portrayal, and political character in local societies just as to contribute to general information and theoretical issues in their controls.

Macaulay et al. (1997) studied the Intervention, Evaluation, and Baseline Results of a Diabetes Primary Prevention Program with a Native Community in Canada. A 3-year network-based project, named Kahnawake Schools Diabetes Prevention Project, is an essential counteraction program for non-insulin-dependent diabetes mellitus in a Mohawk people group close to Montreal, Canada. The objectives of this project were to improve smart dieting and support progressively physical movement among primary younger students. Intercession

combines different models such as behavior change hypothesis, Native learning styles, the Ottawa Charter for Health Promotion, and a model to promote health planning. The assessment utilizes a blended longitudinal and cross-sectional structure to quantify corpulence, wellness, dietary patterns, and the physical action of primary younger students in the exploratory and examination networks. Halfway factors are self-adequacy and seen parental help. Procedure assessment contributes to the mediation.

During three years, 63 particular mediations that incorporated a Health Education Program fortified by school occasions, Community Advisory Board, a diversion way, and network-based exercises advancing substantial ways of life were actualized. Standard agreement rates were 87 and 71% in the experimental and evaluation schools—anthropometric information increments with age. Somewhere between 9 and 10 years, there are expanded weight, tallness, BMI, diminished wellness, and expanded TV viewing. *Conclusion.* Executing a Native communal-based diabetes avoidance program is plausible through taking part in an examination that joins Native culture and skill.

The social importance of well-being advancement is viewed as how much a program is harmonious with winning network culture and qualities. KSDPP is intended to keep up the uprightness of Mohawk culture all through the undertaking. For instance, the society chose the grade younger students to be the essential objective gathering for the mediation, which underpins the Mohawk custom of assuming liability for their youngsters' future. The execution of KSDPP deliberately models Mohawk customs to guarantee that the network is entirely mindful of all parts of the undertaking. The venture likewise advances overall well-being by consolidating physical, passionate, mental, and otherworldly prosperity, which are vital to Mohawk customs. On the off chance that effective, other Native or non-Native populaces could adjust this

participatory examination model to enable their locale and to consolidate neighborhood abilities, customs, and culture into the conveyance of diabetes essential avoidance programs (Macaulay et al., 1997).

Wing et al. (2001) stated that the standards of living have a significant impact on the inhibition and treatment of type 2 diabetes, such as weight, eating behavior, and physical activity. As of late, there has been progress in the improvement of social techniques to adjust these ways of life practices. Further examination, nonetheless, is required because the paces of weight in our nation are rising, and changing conduct for the long haul has demonstrated to be troublesome. This article, which became out of a National Institute of Diabetes and Digestive and Kidney Diseases meeting on social science research in diabetes, distinguishes four critical themes identified with corpulence and physical movement that ought to be given high need in future examination endeavors: 1) natural elements identified with heftiness, eating, and physical action; 2) selection and support of healthful eating, physical action, and weight; 3) etiology of eating and physical action; and 4) various conduct changes. This audit article examines the hugeness of every one of these four themes, quickly surveys earlier exploration in every region, recognizes obstructions to advance, and makes specific examination proposals.

Given the stable relationship between way of life practices and the anticipation and treatment of type 2 diabetes, it is significant that more noteworthy exploration considerations be aimed at issues identified with the improvement of empowering eating and physical action propensities and methodologies for altering unfortunate practices. The attention ought to be on approaches to alter eating and physical movement conduct both from an individual perspective and a more extensive ecological point of view (Wing et al., 2001).

According to Heart & DeBruyn (1998), Native Americans experienced enormous

hardships in the form of lives, land, and culture from European connection and colonization, providing large inheritance of interminable harm and indefinite despondency across ages. This phenomenon named chronicled uncertain misery adds to the existing social discomfort of self-destruction, murder, aggressive behavior at home, child abuse, liquor addiction, and other social issues among American Indians. This study depicts the idea of valid uncertain misery and chronicled injury among American Indians, delineating the authentic just as present social and political powers that worsen it. The bountiful writing on Jewish Holocaust survivors and their kids is utilized to outline the intergenerational transmission of injury, pain, and the survivor's kid complex. Intercessions, dependent on customary American Indian services and present-day western treatment models for lamenting and recuperating those misfortunes, are portrayed.
In this paper, conflicts for the presence of authentic uncertain anguish among American Indians have been presented. The recorded inheritance has made intergenerational injury and recommended recuperating techniques that incorporate present-day and customary ways to deal with mending at all levels—individual, family, and network. The essence of our contention has expansive ramifications for other colonized, mistreated people groups from the beginning of time, and those being abused are obvious. Wherever people are being demolished and crushed, the following generations will endure.

The attempt to make traditional American Indians clear that choices made today have consequences upon subsequent generations. The idea of verifiable uncertain despondency has amazing ramifications for mending from our past as well as for bracing us and promising to spare ourselves and people in the future. The American Indian Holocaust is disappointingly not remarkable to introduce world occasions, which themselves proceed with the example of persecution and decimation. The connectedness of past to present to future stays a hover of

exercises and bits of knowledge that can give us both the awareness and the heart to recuperate ourselves. Understanding the interrelationship with our past and how it shapes our current world will likewise give us the mental fortitude to start recuperating. These clinical lobbyist techniques are fundamental to protect the future connectedness of individuals everywhere throughout the world and our duty to and for one another (Heart & DeBruyn, 1998).

Berry, Samos, Storti & Grey (2009) investigated the experience of diabetes in two in-depth focus groups with ten Native American elders and six Native American parents and what they feel would help improve the current administration of diabetes and predict diabetes. Significant topics developed for both the older folks and guardians around issues of family ancestry, clinical consideration, instruction, anticipation, and social network. Themes for the older folks and guardians once in a while varied. The two groups established that diabetes was an issue and that administration and anticipation were significant inside the setting of their co-community and culture. Discoveries from this examination recommend systems for building up a culture explicit diabetes management and avoidance program. Navajos with diabetes are losing their quality of life if their diabetes is not treated properly.

In addition to genetics, the incidence of diabetes is closely linked to income, malnutrition, and physical activity. Several studies have shown that eating moderate fruits and vegetables, along with exercise, reduces the risk or delays the appearance of many diseases, including diabetes. To say that the Navajo Nation is a food desert is an understatement: Within this native nation, the size of Ireland, there are only thirteen grocery stores. Lack of access to traditional and healthy food contributes to several chronic diseases such as diabetes, obesity, hypertension, hyperlipidemia, and kidney disease (Berry, Samos, Storti & Grey, 2009).

Dole & Csordas (2003) investigated the experiences of Navajo adolescents living on the

modern Navajo reservation, considering how they position themselves between overall digressive strains of being Navajo and the ordinary imperatives of presence on the Navajo reservation. Three subjects were taken, specifically: the unmitigated issues and procedures of Navajo youth explicitly as far as their utilization of such sorting out terms as custom, the multifaceted reservation, and off-reservation universes that Navajo youth travel through, and the interceding job of Navajo custom mending in developing a feeling of connectedness for young people, which this way takes care of into the more extensive undertaking of arranging a particularly Navajo personality. This article depends on interviews with 11 youngsters and posts teenagers who partook in the bigger Navajo Healing Project. The Navajo are very resilient and adaptable people. Despite facing great difficulties, we are more numerous than ever, we work in many professions and industries, and we focus our identity on the connection with the land. We are one of the few native societies that currently occupy a large part of their traditional lands. But we still have a long way to go. The authors are referring to the problems that arise from the colonizing-colonial structures.

On the one hand, treating native societies as fully sovereign and independent nations would undermine the foundations of the United States. Acknowledging that the land was stolen and its acquisition was inhumane would mean that the type of relationship that the United States has with native societies would go into another phase of reparation and reconciliation. The structural relationship between tribes and US authorities is one of paternal colonialism. Tribes have to deal with the Office of Indigenous Affairs, which is integrated into the Interior Department. This, in reality, violates the Constitution, which clearly states that Congress is the only entity that must deal with native nations. Placing Native Peoples and Nations within the same department that is responsible for national parks, land, fish and wildlife management,

mining, oceans, and the environment is very revealing and is literally inhuman (Dole & Csordas, 2003).

Zubek (1994) conducted this study to find out the degree to which family doctors in British Columbia concur with First Nations patients' utilizing conventional Native medications. The research design utilized for this research study was a randomized cross-sectional review. The setting of the study is British Columbia, where family medication rehearses. The population of the study was doctors in Canada. Sample of 79 volunteer doctors from BC Chapter of the College of Family Physicians of Canada. One hundred twenty-five doctors were reached, from which 46 didn't answer. For the purpose of obtaining outcome measures, physicians' demographics and perspectives toward patients' utilization of conventional Native drugs were utilized.

Results of the study showed that respondents, by and large, acknowledged the utilization of conventional Native drugs for well-being support, palliative consideration, and the treatment of favorable ailment. More contradiction was found with its utilization for genuine diseases, both for outpatients and in the emergency clinic, and particularly in escalated care. Numerous doctors experienced issues shaping the meaning of customary Native medication and couldn't offer input on its well-being dangers or advantages. A positive critical relationship showed up between concurrence with the utilization of customary Native meds and doctors' present work on serving a huge First Nations populace, just as with doctors' knowing more than five patients utilizing conventional medication. Ends cooperation between customary Native and current medicinal services frameworks requires more prominent consciousness of various recuperating procedures, administrative help, and examination to decide perspectives on Native patients and healers (Zubek, 1994).

However, Medicine (1981) investigations managing North American Indian coordination frequently center upon endeavors coordinated at inborn gatherings by a predominant civilization in constrained assimilation. In this given study, the author tries to inspect existing patterns started by ethnic groups and individuals to oppose reconciliation. Viewpoints for thought incorporate endeavors of Alcatraz, Wounded Knee II, and the "Longest Walk." The ongoing hard work of strict rejuvenation as the Sioux Sun Dance, which frames a piece of upgraded struggles just before building up another "native ethic" in opposing coordination and accommodation, is being surveyed as a traditional expanding marker to numerous Native Americans.

The way that Native Americans through interesting social uniqueness intelligence of ethnic contrasts not ever stops to astound integrationists. Generally, Indians have utilized showdowns (wars, uprisings, and fights) and mollifying actions (instruction, constrained and particular transformations to Christianity, and self-improvement affiliations among different gadgets) as versatile techniques to oppose absolute integration into a prevailing social framework and lost social respectability.

The past century of anthropological study of Native peoples in North America has yielded an enormously invaluable record. It now remains for scholars trained in literary and oral storytelling traditions to begin to unearth the stories within and behind the “autobiographical” textual narratives. As Brumble importantly points out: “It perhaps fits that, even embedded as we see them in written words, in books, these oral traditions have still the power to struggle against the conventions of the dominant culture.” Insofar as this pertains to the contemporary anthropological method, Stephen A. Tyler also perceptively notes: “Our recovery of orality is our recovery from a kind of writing that more and more gets in the way of what we want to say.” (De Ramirez, 1999).

In January 1952, a group of clinical scientists from Cornell Medical College discovered that limited or no attention is paid to the treatment of tuberculosis on the population of Navajo Reservation in Arizona. These specialists, driven by Walsh McDermott, perceived an important open door for clinical exploration. A project was started by them that is based on a ten-year plan to assess the adequacy of novel antibiotics and test the intensity of present-day medication to improve the well-being states of a devastated country's civilization. The historical backdrop of this undertaking uncovered a progression of pressures at the core of clinical exploration and preparation. Specialists misused the open doors made conceivable by the evil strength of an underestimated populace yet did as such with the collaboration and appreciation of the people of the Navajo tribe. They presented new antibiotics that freed patients from medical clinics; however, they raised a meddling arrangement of outpatient reconnaissance. They gave creative social insurance administrations. However, they neglected to lessen the predominant reasons for dismalness and mortality (Jones, 2002).

Another study investigated the continuing Epidemic in Rural Native American Communities in a historical context. Gray & McCullagh (2014) asserted that suicide is considered a wide-ranging issue in the country of India, particularly amongst energetic American Indians and Alaska Native (AI/A) people. In the country of India, it is important to see suicide from diverse perspectives that include the setting of how genuine and advancing present-day injury has influenced Native society. The varieties in prosperity, training, and business openings, joined with the greater deal of prevalence of viciousness and substance abuse, serve to both compound passionate prosperity issues and isolate Native youth from their district and culture. The blend of these stress-provoking elements enhances the disturbingly greater pace of childhood suicides in Indian Country.

Lee (2006) has analyzed American Indian personality. It is discovered that a forced enlistment framework has affected Native countries. We comprehend that Native countries have the inalienable option to decide participation. In the interim, the United States government controls assets for every single Native country and meddles with every Native country's use of its laws. We discover that the American Indian personality is intertwined with country building. We additionally discover that Indian personality has proceeded even with ethnic pantomime and blood-quantum dogmatism. Consequently, American Indian personality examines are propelling the conversation on how every Native country ought to create and keep up self-rule.

Hodge, Limb & Cross (2009) cited that the standard emotional well-being administrations are insufficient with Native American customers, and, at the very least, they are a wheel of Western colonization. The authors investigate the idea of relinquishing the Western restorative undertaking and modifying the helping procedure based on local information establishments. They examine a Native viewpoint on well-being that underscores balance among the interrelated territories of soul, body, psyche, and setting or condition. From this point of view, emotional well-being is a result of parity and agreement among these four zones. The authors end the discussion of this socially based point of view in which experts target mediation toward improving parity and agreement.

Jiang et al. (2009) conducted a study in order to evaluate the Health-Related Quality of Life and Help-Seeking among American Indians with Diabetes and Hypertension. To find this, researchers isolated information picked up from participants of the study who were diagnosed with diabetes and hypertension and looked at a colossal epidemiological examination of two diverse cultures, in particular American Indian groups. Examination information was given by sex, age, and group encouraged model from a similar report who didn't report either condition.

Outcomes of the examination suggested that the participant of the study with both hypertension and diabetes had the most immaterial HRQoL on all of the eight subscales of SF36. Corroborative factor examination (CFA) demonstrated that the uncertainty of for all intents and purposes indistinguishable feature loadings for people who are diagnosed with diabetes and are not diagnosed with diabetes similarly as hypertension was not fulfilled. Biomedical help utilization of fundamental association with the SF36 physical success feature in the participants with hypertension as they say. Help to look for from standard therapists was on a fundamental level unfairly identified with physical factor scores for paying little mind to the respondents from those with diabetes. Individuals with comorbid diabetes and hypertension had less lucky HRQoL.

As noted by Poudel et al. (2018), Diabetes mellitus (DM) is termed as the 7th foremost prevalent factor for the demise of people in the United States. And the main source of demise in the United States is Native American/Alaskan Natives (AI/Ans), who involve just two percent of the all-out populace. The AI/A populace has a high commonness of DM in grown-ups with twenty years or more established and is creating DM at a younger age as compared to the general population of U.S. Populace. DM is a significant threat for cardiovascular infection (CVD), and impermanence from CVD is greater in AI/Ans than everyone, just like the predominance of stroke and 1-year post-stroke mortality for the two sexual orientations when contrasted with non-Hispanic whites. Studies suggested that the genetic makeup of an individual also contributes to DM and CVD. Notably, studies recommend that other than ethnicity/culture, cultural standards and memorable circumstances play a significant role in the pervasiveness of DM and CVD in this populace. Hence, different variables ought to be considered while building up counteraction projects to diminish the occurrence of diabetes, CVD and obesity, diabetes frequency among

grown-ups and youngsters in the AI/A populace. Counteraction projects should concentrate on behavioral risk variables and way of life changes like empowering smoking suspension, proper diet, and expanded physical movement while thinking about cultural, financial, and geographic elements.

Conclusion

The intergenerational trauma is real for the Native Americans, and it has developed a resistance to western knowledge. This review has given us some insight into why they are so resistant. The more we understand this trauma and resistance, then the better we can work at bridging this gap of resistance and trust to create an environment of unity. The Native American people will need to address this issue of trauma and mistrust so that they can move forward in their lives and their culture. Intergenerational trauma can lead to the future survival of their people and life on the reservations. It is up to everyone to establish a working trust with the Native American people. All cultures can learn so much from each other so that we can strive and become stronger as a people. It is my hope that my research in the future will help bridge this gap of communication and mistrust between the Native Americans and the non-Natives.

CHAPTER 5

Looking at Past/Current Economic Strategies for Native American Tribes: The Cultural Importance of Creating A Diabetes Preventative Environment Through Economics

Creating a stable economic environment on the Navajo reservation will help to lower diabetes rates among their population and allow them to practice diabetes prevention strategies. The Navajo people have an extremely high rate of diabetes and according to the CDC (Center for Disease Control and Prevention) and therefore the health costs are more than double for people with diabetes versus those without diabetes. The CDC also reports that the 2 most effective form of Diabetes prevention is diet (eat healthy foods) and exercise. So, we need to focus on the economy on the Navajo reservation and develop plans and strategies that will create and strengthen business on the reservation. I have provided a literature review of case studies that look at economic strategies that can work and some that likely will not work on the Navajo reservation. We must keep in mind that we must take the Navajo culture into consideration when developing these economic strategies. It is important to strengthen the reservation economy so that the Navajo people will be able to acquire healthier foods to eat and develop access to gyms and other exercise venues. The main goal is to prevent diabetes among the Navajo and this can be done in part by strengthening the economy.

Economists and business analysts have always used a standard business model that they apply to all business plans and economic development plans, but they have always left out one important variable that should be considered when developing a business plan and that is "culture". Culture is the factor that can determine if your business plan will be a success or not.

I am Apache and I have spent some time on reservations and have heard stories of businesses that have failed on the reservation. Based on my research of business models, I can make an assumption that the key factor to those businesses failing was that they did not consider the culture of the people where the business was located. The generally accepted business model is a good foundation to start with, but in order to have a better chance of success, the culture of the community should be factored into the model. By culture, I mean the way a people live, their environment they live in, their beliefs, and their daily practices that their lives consist of. I am not basing culture solely on the Native American population which resides on reservations, but a culture of the people that the business will be targeting. I have included in this paper, many research articles that have researched economic plans on Native American reservations. Each of these studies will inform the reader of the details of the factors of each economic plan and what worked and didn't work. These studies will also make pertinent the fact that culture was not considered in the business plan. But first, I would like to share an example of what the generally accepted business plan is.

According to Cornell and Kalt, (2006), there are two approaches to reservation economic development. The first is known as the standard approach, which according to them does not work. There is also the Nation-Building Approach, which they say does work. Let us look at the standard approach first.

"***The Standard Approach to Reservation Economic Development***

- Is short-term, non-strategic
- Lets someone else set the development agenda
- Treats economic development as an economic problem
- Views Indigenous culture as an obstacle to development
- Reduces elected leadership to a distributor of resources" (Cornell & Kalt, 2006, pg. 4)

These are the basic perceptions of the standard approach according to Cornell & Kalt (2006). They also point out that not every tribe follows all aspects of the approach, so, this is a

generalization of the approach. Cornell & Kalt (2006) also state that there is a development process under the standard approach. The following are the six steps of the process, which are also generalized.

> ***"The Six-Step Development Process under the Standard Approach***
> • The tribal council or president tells the tribal planner to identify business ideas and funding sources
> • The planner applies for federal grants or other funds and responds to outside initiatives
> • The tribe starts whatever it can find funding for
> • Tribal politicians appoint their political supporters to run development projects
> • The tribal council micromanages enterprises and programs
> • Everybody prays" (Cornell & Kalt, 2006, pg. 10)

Cornell and Kalt (2006) also provided the generalization of the typical results of the standard approach. Basically, the results demonstrate that the approach ends in failure.

> ***"Typical Results of the Standard Approach to Development***
> • Failed enterprises
> • A politics of spoils
> • An economy highly dependent on federal dollars and decision-making
> • Brain drain
> • An impression of incompetence and chaos that undermines the defense of tribal sovereignty
> • Continued poverty" (Cornell & Kalt, 2006, pg. 11)

Cornell & Kalt (2006) did develop a generalized approach that takes the community's culture into account, which has been shown to lead to a more successful economic plan. The following are the characteristics of this approach:

> "***The Nation-Building Approach to Reservation Economic Development***
> • Practical sovereignty
> • Effective governing institutions
> • Cultural match
> • Strategic orientation
> • Nation-building leadership" (Cornell & Kalt, 2006, pg. 12)

The main thing to remember about the nation-building approach is that it puts the planning into the hands of the tribe. It is this characteristic that brings culture into the economic plan. It also puts the sovereignty where it belongs and that is with the tribe. I will not go into

detail on each of these approaches since that is a model of a business plan and the focus of this paper is the studies that have already been done to show that culture needs to be put into every business model.

Literature Review Case Studies

One article by Anderson (2010) presents an assessment of the current state of and barriers to the continued development of entrepreneurship within Native American communities. Such entrepreneurship has grown 84% since 1997. However, barriers, such as lack of business development training, low levels of general financial literacy, and inadequate and inappropriate financing of these enterprises stunt growth drastically. Native American entrepreneurship development programs require a large investment due to the high cost of providing training and technical assistance services to clients. The issue of financial literacy is due to the lack of educational resources available in Indian country. There is a severe lack of financial skills due to several reasons: close to no interaction with mainstream financial institutions, poor money management skills of older generations, and poor basic math and English skills (Anderson, 2010).

The inability to access capital can also stunt entrepreneurship. Many Native communities are underdeveloped; only 14% have any type of local financial institution. Thus, some Native Americans must travel over 100 miles to reach a bank or even an ATM machine. Even if there is a financial institution near them, it is hard to find start-up loans for businesses. Native Americans also cannot use their land as collateral for a loan since most reservation lands are held in federal trust. Poor credit history prohibits access to capital for many Native Americans. There has also been a history of predatory loan practices that have targeted and impacted Native American entrepreneurs. Predatory lending could be stopped if the entrepreneur was more experienced with

information about banking, personal finance, and credit (Anderson, 2010).

In spite of these many obstacles, some very good programs are available to promote and assist Native American entrepreneur development. One example is Community Development Financial Institution Funds, a government program that can provide Native American entrepreneurs with the capital they need. There are also National Native American Entrepreneurship Development Programs that exist to help give financial guidance and capital (Anderson, 2010).

This article by Anderson (2010) provided valuable insight into financial and business development issues that influence Native American economic development. Although the focus was on entrepreneurial development, the issues highlighted are also pertinent considerations in the context of macro-level economic development efforts. At the same time, this article is also unique in its focus on Native American entrepreneurship efforts in general, rather than on a specific industry or market. Thus, it adds important ideas and perspectives to Native American economic development literature (Anderson, 2010).

Another valuable study is one authored by Anderson and Parker (2009). In this article, the authors looked for commonalities in the successful economic development of Native American tribes. It begins with a comparison of the economic status of reservation and off-reservation Natives in the United States and Canada. In both nations, tribe members living on tribal lands report per-capita incomes approximately 50% less than their off-reservation tribe members. The article moves on to a historical overview of tribal economic development, primarily focusing on correcting misconceptions about pre-colonial Native concepts of ownership. The authors assert that the common belief that tribes did not possess a concept of land ownership is a misconception. This becomes implicitly important later in the article when

the authors attribute limited opportunities for tribal economic development to the partitioning of Native lands under the Dawes Act. According to the authors, super-partitioned land requires many Natives to lease in order to run farming or herding operations. This undermines incentives to develop land or to otherwise invest in businesses on it. The authors also review the findings of Cornell and Kalt (2000) regarding the role institutions and leadership play in the successful economic development of tribes, with a focus on institutions. Anderson and Parker (2009) agree with the findings of Cornell and Kalt (2000) without really adding any new insight or information. Anderson and Parker (2009) contend that judicial systems are important for allowing for economic development through the consistent regulation of contract law, a finding initially presented by Cornell and Kalt (2000). This article was not particularly helpful in terms of offering unique ideas, data, or insight. It over-emphasized a history of Indigenous land ownership concepts but poorly articulated the reason for this. The article did point out issues that may restrict tribal economic development but did not provide any suggestions for overcoming these obstacles. In sum, this article did little but offer un-interpreted historical insights and reiterated the findings (but not the suggestions towards remediation) of previous researchers (Anderson & Parker, 2009).

Ackerman and Bunch (2012) review the legal history and current status of American Indian gaming. They also review the outcomes gaming has provided for tribes. The *California v. Cabazon Band of Mission Indians* case is the introductory focus. Following a decision on this case, the Indian Gaming Regulatory Act (IGRA) was implemented by Congress, involving states in gaming approval and regulation. This is a major point in the paper, as the authors perceive state involvement in gaming as a hindrance to tribal economic development of this industry. After discussing how state regulation came to be, the authors analyze current state regulation of

Indian gaming on a comparative basis. A scale is used to evaluate how restrictive state regulations are, so that regulations could be compared nationally. The authors conclude that there are significant differences in the degree of restrictions states impose on tribes located within their territory. The authors interpret this as a violation of the tribes' sovereignty and a misappropriation of the terms and intent of the IGRA. The authors present information that shows that restrictiveness limits the potential for tribal economic development from gaming. The authors also note that the majority (70%) of tribes invest 100% of their gaming revenue on internal economic development, rather than payments to members. According to the authors, the amount of revenue tribes derive from gaming has steadily increased (to the billions) since the *Cabazon* ruling and has greatly exceeded what was anticipated by Congress when the IGRA was enacted. The authors also present legal analysis on how tribes and legislatures can counter the current restrictions frequently imposed by states under the IGRA. The authors also present several recommendations as to policy changes that they believe will further improve tribes' economic development through gaming. This article is interesting in that it focuses upon how varying state regulation of gaming influences tribal economic development possibilities in this industry. It does not focus on Indian gaming as a universal or comparative opportunity for all tribes. Furthermore, the article presents compelling analysis that indicates legislative reform could significantly alter and improve the economic development opportunities available to tribes with regard to gaming (Ackerman & Bunch, 2012).

Begay, Cornell & Kalt (1998) looked at making research count in Indian Country. According to the authors, self-governance is the cornerstone to successful economic development in Indian Country, which has some of the highest rates of poverty, unemployment, teenage suicides, and high school dropouts in the United States. Strong self-governance would

help address these issues as well as continued threats to tribal sovereignty and natural resources located on reservations. The Harvard Project on American Indian Economic Development was the largest effort to date to understand how the First Nations have and can overcome poverty and to foster economic development (Begay, Cornell, & Kalt, 1998).

According to the authors, the present marks the first time in a century that there is a large number of First Nations that have set-up a system of self-governance and are overcoming the problems of poverty. The authors carefully researched the factors involved in these success stories. Two factors came to light: sovereignty and self-governance, capable internal institutions, and sovereignty and self-governance are indispensable to successful economic development. With the creation of their own government system and institutions for economic development, rather than relying on other systems such as de facto planning, tribes can find solutions that better suit their individual needs (Begay, Cornell, & Kalt, 1998).

Above all, finding a cultural match as to what system of governance works best with each individual tribe is essential to economic success. This is an important realization because the colonization process resulted in the restructuring of most tribes by the federal government; they did not do this by themselves. However, the authors contend that if economic development is truly going successful and possible for each First Nation, Congress, the courts, and states must accept each tribe's choices and moves towards self-determination. Rejecting such changes will only reinforce cycles of poverty and failed economic development, as well as a disenfranchising the history of federal government-tribal relations (Begay, Cornell, & Kalt, 1998). This research article was a pivotal shift in conceptualizing routes to economic development in Indian Country. It has been cited and supported in numerous articles since. Its most important contribution is the assertion that rather than identifying marketing endeavors such as gaming as the "paths" to

economic development for tribes, the results indicate that behavioral factors are the most essential determinants in this process (Begay, Cornell, & Kalt, 1998).

Chiago (1993) looked at a sociological view of tourism in an American Indian community. This article discussed tourism as a strategy for tribal economic development. It focused on the experiences of the Taos Pueblo in New Mexico. The author provided information about the cultural and historical context in which this tribe developed and how they have maintained tourism as an economic industry. According to the author, the tribe has derived significant revenue from cultural tourism since the late 1800s. Tribe members involved in the research behind this article almost universally felt that tourism was an indispensable economic development and supported its continuance and expansion as a tribal industry. Of crucial focus and importance in this research article is the fact that the tribe has been able to accommodate this industry while still preserving a sense of cultural integrity and avoiding assimilation due to exposure to outside cultures. This has been accomplished through strong tribal regulation of the tourism industry, limiting when and where tourists can visit and using tribe members who are trained in these policies as tour guides. These policies and their success have led even tribe members who are reticent to allow themselves to be "toured" to nonetheless appreciate the direct and indirect economic development opportunities - such as tours, shopping, and hospitality services - that this industry afford their community. However, this article does describe tensions seemingly related to the tribe's development of tourism industry; the author notes tribe members' perceptions that stereotyping by and competition with the nearby non-Indigenous community has increased as residents there seek to also commercialize on Indigenous cultural tourism albeit with less inherent respect for it and its preservation. This article clearly offers suggestions to other tribes considering tourism for economic development. Forethought and consistent

prioritizing of preserving the sanctity of the Taos Pueblo culture simultaneous with the development of a cultural tourism industry has allowed for economic success without overly compromising the culture itself. This has been accomplished through strong, localized leadership and governing institutions. Thus, this article not only discusses an innovative and successful example of economic development that is potentially applicable to many tribes, but it also highlights an approach to avoiding one of the major potential pitfalls of this development strategy. The latter point also supports the cornerstones of Native American economic development described by other authors (Chiago 1993, Cornell 2001, Cornell & Kalt 2006, Lohmer, 2009).

Cornell (2001) looked at enhancing rural leadership and institutions and this was written at the turn of the century, this article reviews cases of successful tribal economic development and extrapolates common factors involved in these successes. This article and the research described herein serves as the basis for later, follow-up articles that highlight paths to successful economic development among tribes. The introduction of the present article situates economic development in Indian Country as being akin to rural economic development, with additional important historical and political factors involved. The frequently high unemployment rates on different reservations are presented in order to set the stage for the introduction of successful case studies. Case studies encompass culturally and geographically diverse tribes. The author notes that natural resources innate to reservation lands and gaming have not been found to be critical factors in successful economic development; rather, leadership modes are the focus of links made between tribes who have implemented successful economic development initiatives. The authors deduce the following factors from the case studies as being important to successful tribal economic development: local control regarding major decisions as to resource allocation,

development strategy, and related matters; effective institutions of governance backing economic development strategies; strategic thinking and planning; and effective and prospective-thinking leadership. Local control is important because it more effectively places the burden of outcomes on those making decisions about the process. Institutions are vital because they moderate the environment in which business will be conducted and solicited. Leadership is important in communicating ideas and needs and long-term goals to tribe members, institutions, and investors. This article is comprehensive in its descriptions of the case studies it presents; this supports the author's conclusions about factors involved in successful tribal economic development. Importantly, the author points out factors that do not rely solely on natural resources or gaming as keys to economic development; instead, broad qualities that are applicable to sustainable development as well as diverse development are described. This makes this article key to developing tribal structures and strategies that facilitate long-term, successful economic development (Cornell 2001).

The generalized economic development approaches described in the article discussed earlier present the two approaches (Cornell 2001). Also, this article presents an extension of the research reported by Cornell (2001) in a previously annotated article. The more recent article compares and contrasts the general historical approach to economic development on Indian reservations with the common elements of an emerging, innovative approach that has led to more successful results than has the historical approach. The historical approach is identified by the authors in terms of five key characteristics: it is short-term and non-strategic; it lets people or organizations external to the First Nation set the development agenda; it views development as an economic problem, taking it out of context as an issue and a goal; it views Native cultures as an obstacle to economic development or at best commodifies them; and it encourages limited

and/or self-serving leadership. The authors refer to the new approach as a "nation-building" approach and also characterize it by five qualities: practical sovereignty; effective governing institutions; cultural match; strategic orientation; and nation-building leadership. Throughout the paper, the qualities that define both the historical, "standard" approach to economic development on Native American lands and the nation-building approach are detailed, compared, and contrasted with each other in terms of process and outcomes. Most important are the differences in outcomes; these conclusions are supported by references to economic development research. Whereas the authors describe typical outcomes of the traditional approach to be generally negative, ineffective, and unsuccessful, the results of the nation-building approach have been more positive. The authors conclude their description of the two approaches with the conclusion that research is needed to develop leadership training that can produce tribe members who are capable of implementing projects using a nation-building approach to tribal economic development. This article is clear and concise in the differences it describes between successful and unsuccessful approaches to economic development in Indian Country and the reasons for the different outcomes associated with each approach. It is not specific to a particular enterprise for economic development but rather focuses on promoting a widely applicable approach that leads to sustainable development. These factors make this article valuable to my research review, as it provides a framework by which to gauge development ideas and plan projects (Cornell & Kalt 2006).

Hanson (2001) wrote an article that discusses federal government initiatives to market nuclear waste storage to Native American tribes. The article presents this issue in the context of social, historical, political, and legal contexts surrounding Native Americans, economic development, and nuclear science. The article describes partisan economic development research

commissioned by President Reagan that supported pre-established Reagan Administration efforts to decrease federal support of tribes. In conjunction with this prejudicial report and states' refusal to house nuclear waste, Reagan began a campaign to convince tribes that storing nuclear waste was a good economic development strategy. The author describes this campaign and its evolution in detail, as well as tribal representatives' reactions to such proposals. Virtually all tribes concurred with the disinterest expressed by states; the author points out that many Native peoples had already experienced negative consequences related to nuclear energy, such as mining for uranium and nuclear experimentation on tribal lands. The author recounts how several tribes took advantage of the grants offered for research into nuclear waste storage as an economic development for their people in order to better substantiate why it would actually be a bad idea. Ultimately, the author frames the Reagan administration's push to promote nuclear waste storage as part of an assault on the tribes' entitlement to federal trust responsibility as well as a play on tribe's subjugated political economy. The author concludes that only one tribe showed interest in nuclear waste storage, and solely as an experiment to elucidate the extent to which the federal government will recognize tribal autonomy. No definitive action has been taken with regard to nuclear waste storage on tribal lands and for the most part this has fallen to the wayside of federally promoted Native American economic development initiatives. This article is useful as a comprehensive description and analysis of a prominent, past federal strategy for tribal economic development. In presenting this, the article highlights why federal economic development research projects may not be designed with cultural respect in mind, and/or may be subject to subversive interests, rather than what is best for tribes. Thus, this article also indirectly supports other research suggesting that the best methods for tribal economic development involve locally developed and controlled initiatives (Chiago 1993, Cornell 2001, Hanson 2001,

Cornell & Kalt 2006, Lohmer 2009).

Lohmer (2009) wrote an article that is primarily descriptive but also presents several development and achievement facts and statistics. The author's emphasis is twofold: describing the nature and history of successful economic development initiatives among tribes in the Pacific Northwest, while simultaneously focusing on economic development that does *not* center on gaming. In discussing non-gaming paths to tribal economic development, the author highlights contextual factors described by other researchers (Cornell 2001, Cornell & Kalt 2006) as being important to successful tribal economic development—local control over planning and resource allocation, well-designed and managed local institutions and equitable partnerships with external institutions, and strong and dedicated local leadership. Specific examples discussed in the present paper include a collaborative initiative between multiple tribes and state government agencies, particularly the state of Washington, to preserve and rehabilitate natural resources such as waterways and wildlife. The endeavors itself provides tribe members with jobs and creates sustainable natural resources that provide revenue and enables new and continued ecotourism. The article describes another tribe's efforts to diversify their industries from gaming to hotels, an outlet mall center, a museum, and business and residential tribal construction and renovation projects. A third initiative describes tribal economic capacity-building through the self-administration and development of education, health, and community support structures and services, which has enabled tribe members to attain higher education and to secure better employment. In addition to supporting the assertions of other Native American economic development researchers, this article provides important narratives and descriptive data in its own right. One important statistic found in this article is that during "…the first full decade of Indian gaming, household incomes in Indian areas without casinos grew by 33 percent, seven

points more than the 24 percent increase seen by gaming tribes" (Lohmer 2009, 21). This fact and focus are themselves important to include in a review of literature on Native American economic development, since a disproportionate number of publications focus on gaming, although this is not an option for every tribe and may not necessarily be the only or best idea for others (Lohmer 2009).

Neufeld (2009) wrote an article that discusses the production and sale of Indigenous art as a form of Native American economic development. The author conducted ethnographic interviews with Native artists and retailers of Native art. A persistent finding is that Native artists remain close to their communities, at the limitation of easier expansion of their sales, for several reasons. Foremost among their reasons is that they link their production of art to continued participation in their communities, by producing art for their tribes' ceremonial usage and by training younger Native artists. In addition, most artists have family obligations in their communities. This benefits the tribe by building ties through apprenticeship and providing for ceremonial art that promotes cultural continuity; however, it presents issues for emerging Indigenous artists when the local market becomes saturated. Currently employed methods of marketing are also discussed; foremost among these is sales through a broker, such as a gallery owner. However, some artists sell their art to brokers outside their local communities. This necessitates an increase in price, however, since they must travel and work to create these relationships. The article also discusses different perceptions of "authenticity" and "work" in terms of the sale of Native art. The internet is another way that Indigenous artists market their work. However, the author found that this method is primarily used by established artists, who have networks and notoriety upon which to launch internet sales and commissions. The author suggests that Indigenous artists navigate contradicting perceptions of "real work" through their

artistic contributions to their communities. On the other hand, authenticity is less clearly resolved as an issue. Some artists navigate both the issues of authenticity and "work" by reserving certain art forms for work produced for tribe use and other elements for commercial art. In most senses, however, "authenticity" is explicitly or implicitly determined by the brokers who are primarily responsible for selling "Indigenous" art on behalf of artists. By agreeing to market Native art, brokers agree to authenticate identities of the artists. This article discusses a unique avenue for economic development. It is decentralized compared to many other modes of tribal economic development discussed in the literature. Art sales depend on individuals. However, the author does an excellent job of illustrating how individualized economic development can nonetheless benefit and strengthen tribes, while reinforcing, rather than commodifying, traditional culture. The article also highlights ways in which economic development of artists may become stunted beyond a certain point due to market saturation when geographic restriction is an issue; at the same time, though, the author indicates an area in which tribes could work to support their artists and economic development of the Native art industry through programs to market the art outside of the regional locale (Neufeld 2009).

Pickering and Mushinski (2001) wrote an article to understand whether preservation efforts culture affect economic development and to see the impacts of culture on different dimensions of economic growth. Because Native American tribes are not culturally homogenous, the authors had to examine the impact of culture on economic growth by studying and cross-examining several tribes. To solely pick one tribe and apply this question would make it subjective and anecdotal, which would make the findings less generalizable. Jorgensen therefore undertook a study of total of 80 different tribes throughout the western United States. Throughout 1990, he collected cultural data and observations about the distribution of income

across households on the respective reservations (Pickering and Mushinski 2001).

Using regression analysis techniques, this paper elucidated information on how different aspects of culture affected different dimensions of economic development. This highlighted the impact of economic, demographic, and cultural factors on the level of economic development and the inequality in income distributions across different tribes. Three forms of regression were used: bilateral, patrilineal, and matrilineal. Cultural variables such as tribe's cultural concept of descent, as well as economic outcomes, were used for these categories. When multivariate regression analysis was performed, results show which cultural variables are associated with Nations having a greater degree of income inequality. The results within cultural variables in the two sets of regressions mean different things. However, the relationship between cultural variables and economic inequality is complex, and further research is needed to confirm these results and to determine means of applying them to economic development in Indian Country in ways that are not paternalistic (Pickering and Mushinski 2001).

The product of this research confirms that cultural characteristics must be considered in the pursuing of economic development policies for each individual tribe. This stands as a great importance for those whose mission is to see the growth of the economic situations of Indian Lands, to better equip those with the knowledge of how to help these Nations be successful, thriving, independent lands supporting their own people. In the 1950's and 1960's Tribal Nations were many times approached by policy makers as if each Nation did not have their own culture, and these assumptions proved to hinder the growth of these People. Their idea was that these nations would adapt to the rest of the Nations culture and assimilate with our own idea, and therefore, making the policies we put in place for them to succeed. Time is showing the opposite is the case, and that is why, with the research done here, culture must be taken into consideration

when trying to create social policies and governments for the First Nations (Pickering and Mushinski 2001).

There was an Indian Country budget request in FY13 that was written/published in 2012 and according to the report, First Nations are working hard to develop economically, seeking to improve their monetary policies, better their workforce development, create more jobs, and make use of their tribal land and resources. Nonetheless, economic problems persist within First Nations, more so than the national average on virtually all measures; unemployment remains one of the most significant issues. First Nations also face chronic underfunding of basic tribal services such as health care, education, and affordable housing. The need to create a more equitable partnership between Indian Lands and the federal government is needed to improve the economies of Native American tribes.

The budget centers on preparing tribal lands for future economic development by establishing better accessibility to internet and telecommunications via broadband. The hope is that strengthening this base will facilitate tribal self-governance, easier access to capital, markets, education, and other services that will promote economic development. Federal assistance will still be needed though, to improve accessibility to business counseling, technical assistance, and other infrastructure deployment within Indian Country.

Possible options for such assistance include programs within the Department of Agriculture to help develop rural parts of Indian Lands. The Rural Development program offers help to Indian tribes by providing loans, loan guarantees, grants, and other help to improve telecommunications, water systems, and other infrastructure deployment mechanisms.

The Minority Business Development Agency was created by executive order in 1971 with a mission of supporting minority business development centers. However, this agency has

so far created only 12 tribal centers around the nation. It is also underfunded and cannot currently afford to establish locations throughout all Indian lands.

Other agencies may be able to provide more assistance to Native American economic development in the future. The Department of Commerce created the Office of Native American Affairs, which is charged with providing Indian companies all the help they need to grow. With independent funding, the office could draw support from and collaborate with many different elements of commerce and work through the Native American business enterprise centers. However, this strategy must be further developed.

A Native American Business Center Grants program has been established within the Small Business Administration. Both the House and Senate have both proposed bills that would authorize between $10 and $17 million in funding for such grants. This would increase the number of business centers that offer culturally tailored businesses development training for entrepreneurs and provide technical assistance and other related services to tribes. Thus, economic development assistance programs and agencies may expand their scope of operations in the future with regard to Native American communities; this would provide much-needed valuable funding and training to tribes.

This publication presents a summary of economic development agencies and programs involved in helping Native American communities. It also provides some brief background information on these institutions and endeavors, as well as a status report of current and continuing economic development efforts. It provides suggestions for establishing the foundations for future economic development and identifies agencies that may be helpful to each tribe’s business efforts.

Discussion

The literature reviewed explored many aspects of economic development in Native American communities, ranging from specific enterprises to structural evaluations. However, a general consensus did arise from these readings as to what could be deemed the two most important factors intrinsic to successful economic development outcomes in Native American communities. Rather than highlighting a specific economic endeavor, the two most important factors are in fact organizational and managerial attributes: leadership and institutions. Cornell (2001) was the first to explicitly identify these two factors as being intertwined and critical to successful economic development in Indian Country. Cornell (2001) highlights the interdependence of these two factors. He stated,

> …the issue is sovereignty…After a dozen years of research on this topic…researchers have been unable to find a single example of a case of an First Nation demonstrating sustained, positive economic performance in which somebody other than the First Nation itself is making the major decisions about resource allocations, development strategy, and related matters (Cornell 2001, 91).

This statement makes clear the fact that organizational leadership, as well as the organizations themselves, fundamentally influence economic development in Indian Country. Government, institutions, and judicial systems all signify organizations that should not only be internally managed or, if they are external to the tribe, integrated on the basis of internal initiatives and regulation. Cornell (2001) notes the simple logic underlying his observation about the importance of locally led institutions, that is,

> The most important reason for local control is simply the link between decisions and

> their consequences. Outsiders seldom bear the consequences of their decisions about the economic future of a community, and consequently there is little in the way of a dependable…learning curve producing better decisions over time (Cornell 2001, 92).

Local institutions perpetuate environments in which economic development can flourish by lending themselves to the creation of structural judicial and government stability. This stability is needed to facilitate environments hospitable to day-to-day business operations (Cornell 2001, Cornell and Kalt 2005, Anderson and Parker 2007). Institutions can be internal, comprised of the actual tribal judicial and government systems; they can also include social service agencies, educational institutions, businesses, and investors that are part of or external to the tribe (Cornell 2001; Cornell and Kalt 2005, Lohmer 2009). In the latter case, of external institutions that affect or seek to become involved in tribal life, internal institutions can serve to anchor tribal sovereignty and oversee power dynamics with external influences (Cornell 2001, Cornell 2005). This ability goes hand in hand with tribal leadership, which is needed to actualize such institutions.

Although leadership is the factor that matters, there is no homogenous definition of "leadership" that can be taught or implemented across Indian Country (Cornell 2001). Like tribal governments, successful leadership is a concept that must be tailored to, and thus defined by, each tribe (Cornell 2001, Pickering and Mushinski 2001, Anderson and Parker 2007). Cornell (2001) writes that while leadership definitely plays a "significant role in economic development…that role is not everywhere the same, and leadership sometimes looks very different from one reservation to another" (Cornell 2001, 96). Leaders are important as precipitators of change, as interpreters between potential investors and tribal communities, as information resource persons, and as facilitators of continuing leadership

(Cornell, 2001). Cornell points out that the importance of and relationship between leadership and institutions and economic development in Indian Country is cyclical and self-perpetuating: "the most effective leaders, over the long haul, are those that (1) encourage leadership on the part of others and (2) build governing institutions that are not themselves dependent on good leadership" (Cornell 2001, 98). Good leaders create good institutions, and good institutions can function effectively even in the absence of good leaders.

Although Cornell (2001) was the first to explicitly highlight these factors as underlying successful economic development in Indian Country, his observations have been reiterated repeatedly in literature regarding Native American economic development. Lohmer (2009) also reviewed the dynamics involved with economic development successes experienced by several tribes located across the Pacific Northwest. Tribes in this region have joined together to create a commission that "works with government groups to manage the salmon, essential to tribal life here for hundreds of years" (Lohmer 2009, 20). The coalition between the tribal commission and the external, state government has served not only to protect the environment but also to create a multitude of employment opportunities for tribe members (Lohmer 2009). Other tribes in the region have invested in establishing internal social support agencies, which have served to promote other forms of economic development through quality-of-life improvements (Lohmer 2009). Still other tribes have benefitted from strong leadership and leadership reform, resulting in the successful management and reinvestment of gaming revenue. Under the directorship of a strong leader, one particular tribe has expanded from a single casino to a hotel, resort, shopping mall, and other business enterprises; the purpose is long-term economic sustainability that will long outlast the original visionary leader (Lohmer 2009).

Lujan (1993) describes in detail how the leadership of the Pueblo in Taos has proven vital to finding a balance between cultural respect and preservation, and cultural tourism as a form of economic development. Neufeld (2009) reports how tribal institutions provide ways for local artists to engage in entrepreneurship while still contributing to their tribal communities through the creation of ceremonial pieces. While these researchers explored diverse modes of successful economic development employed by different tribes, leadership and institutions facilitated each success story.

Subsequent to his initial report on leadership and institutions in economic development in Indian Country, Cornell and Kalt (2005) reconfirmed Cornell's (2001) conclusions. This second paper went further and provided clearly applicable suggestions for evaluating tribal leadership and planning economic development on the basis of these attributes (Cornell and Kalt 2005).

Furthermore, the fact that the success of such diversity of economic development strategies can be boiled down to the organizational and managerial attributes highlighted by Cornell (2001) and Cornell and Kalt (2005) emphasize an important contextual reality. Leadership and institutions are universally important to economic development among all tribes; they are not dependent upon any particular cultural, geological, financial, opportunity, or other situational conditions. This versatility is what makes these two factors the most important; they apply to any tribe at any phase of economic development. By effectively addressing these two factors, tribes are able to establish a structural framework and foundation through economic development and can be successfully planned, implemented, and furthered.

Conclusions

This paper looked at the importance of including culture into any business model or economic development plan to ensure a better chance of success. It mainly focused on Native American tribes and their implementing of economic development plans. This is important and can be a positive way for the Navajo people to implement diabetes prevention strategies. I have always contended that culture is important in developing economics and educational methods. It is especially important when addressing the Native American way of life. Culture is an important part of our way of life. Keeping this in mind, the non-native economists and businesspersons should look to adopt the cultural aspect into all forms of economic and business plans. Cornell and Kalt (2006) have continuously conducted research and the implementation of economic plans such as the Harvard Project (Cornell and Kalt 2006) to provide examples of a successful plan for the Native American tribes. There are numerous examples of articles in this paper that were written to show the importance of adopting culture characteristics into an economic development plan. Although I should point out that when I was conducting research for this article, I did find that there are very few studies that are current on this topic with the Native American tribes.

It was also difficult to find current studies on the diabetes rates among the Navajo and any estimates of how much money is spent on health costs connected to diabetes. I do not know the reason for this, perhaps it could be due to the fact that previous researchers have had a negative effect on the research of Native American tribes, so consequently now, Native American tribes are more cautious on who they will allow to conduct research on the Native American reservations. This is a justifiable reason considering the history of research on the Native American people. To me it is apparent that culture is a valuable factor that should be implemented in every economic development plan whether it is Native American tribes or Non-

Native societies. The economist needs to recognize culture in order for any plan to have a chance to succeed. Now I do recognize that some examples of businesses for the Native American people do succeed such as the casinos in Southern California. The main factor for that is the location of the casino. So, there are rare occasions when a business will succeed. I will point out that culture is important, so it should not be discarded. The culture and economy of the Navajo people are all a way of life for them, so it is apparent that one needs to address both in order to implement diabetes prevention strategies on the reservation.

CHAPTER 6

Narrative Profiles from Diné on
Diabetes prevention and how to address it with life on the Reservation.

Narrative profiles (Seidman, 2013) are an important method of sharing the participants stories in the form of phenomenology that is a primary tool for conducting a qualitative study. Each participant shared their live experiences in dealing with having diabetes and how it has had an impact on their lives. The participants also shared their ideas on how other that live on the Diné reservation can make changes to their lifestyle to help them adopt a healthy diet and exercise in helping them prevent diabetes. I had conversations with both male and female participants since they all live a different form of cultural lifestyle and so therefore their stories would share different strategies to help prevent acquiring diabetes. Their ages ranged from 21 to 60's so that I could hear from different generations. It is important to learn from the elders' historic perspective and the younger generation's fresh new perspective in living with diabetes and how it affects themselves and their loved one/family members. The participants all shared their ideas on how these strategies could be implemented into their cultural lifestyle. Here are their stories in their own words with some parts edited out to help keep the focus on the diabetes prevention strategies.

Raul:

Hello, my name is Raul Munoz. I am of Apache descent of the [Four] Bear Clan, and I want to talk a little bit about diabetes. I am a type 2 diabetic. Difference between type 1 and type 2 is type 1, you have the gene. Type 2 is you don't take care of yourself, which is me. I gain a lot of weight after I retired from military and became a type 2 diabetic. It is not a good thing. Okay.

One of the things that should be done with diabetics is they need to be educated on what can happen to them if they don't take care of the diabetes. I have friends that are on dialysis because they're diabetic. They don't want to take their medications or they don't believe that they have diabetes. Now, three times a week, they go on dialysis.

I have a friend who's Lakota, he also says the same thing. "No, I'm not diabetic," but he's on dialysis. Another friend is Chippewa, he also has diabetes and he realized, but it was too late. He's also on dialysis three times a week, and he wishes that he could reverse it but it's too late. Once you find out that you're diabetic, you need to go see a doctor. Actually, that's where you find out, is go see a doctor. See what's wrong with you for a full checkup, and they'll let you know. They'll check your A1C which is the blood that you've had in the last 90 days, and that can determine if you're diabetic and how high you sugar levels are. My parents didn't have diabetics for exception of my mom, she was a type 2 diabetic. My father didn't have any diabetes at all. My two sisters are type 2 diabetics. We let ourselves go. I live in Arizona, I'm not close to town. I live out in the desert.

I know a lot of friends, they're Native American, that have issues. They're always sick because they don't have the transportation to go into town to see the doctor for their diabetes, or they just really don't care, or they just continue to eat whatever they want, which is the wrong thing. That's how we wind up being diabetics. Me, myself, I learned I was diabetic after I retired from military. I went for my regular checkup and that's where it began. One of the things that we don't have is education on diabetes. Of what I've learned and what my doctors have told me is Native Americans with diabetes... every one in three will have kidney failure, and will wind up on dialysis if they don't take care of themselves.

That's one of the things I want to make sure too. I keep telling my friends, "Go see the

doctor. Take your medications." Some have medications but they don't take it. They don't want to bother with the insulin injections or taking pills, so they continue to eat. The two best things that you can do for a diabetic, to keep it under control, or to get rid of it. You can get rid of diabetes if you are type 2, but it can come back. However, diet and exercise, two main things that need to be done when you're a type 2 diabetic. If you don't, you'll stay at diabetic for the rest of your life. You're going to continue to have medical issues. That's one thing that you need to do, is diet and exercise. Biggest thing in the world that you can do. It will help you, it will help others. If others have diabetes and they don't have the education on it and you do, by all means, help them. Tell them what they need to do.

In my case, I saw the doctor and that's how I wound... I gained a lot of weight, bottom line. I gained 50 pounds after I retired, and that led to my type 2 diabetes. If anything, that I can do for anybody that's diabetic is I try and educate them. I'm not a doctor. I'm not saying I'm a doctor, but I can tell them what my doctor tells me. That's a little bit of help to some of my friends because, like I said, some of them, they just don't care or they're elderly. They don't want to bother with it. They have other issues that they think that are more important. However, diabetes is going to kill you if you don't take care of yourself. I've got friends when I was in the military that... we used to get together and talk, for some reason, Native Americans are more susceptible to diabetes.

I think it's because of what we eat, how we eat it. We should be eating it in portions and we don't, we just gobble it up. Blood pressure is another thing that we have, as far as native Americans have. Those two things combined, kidney failure and high blood pressure, will certainly kill you. So, you've got to take care of yourself. I know this is everywhere, it's worldwide. However, for some reason, Native Americans are more susceptible to it. I've done

some research and reading, and I can't find anything why, but it does exist. As a native American, we do have diabetes in the res. It happens, but we got to take care of ourselves.

I wish I could help everybody, but I can't. I can only do so much and just spread the word within the community that I live in. I live, maybe, three minutes from the res, and I see the guys there every single day. They have a small little place where they do dialysis, and it's packed. Every day, you see somebody in there. That's sad but it happens, and it shouldn't happen. We should be taking care of ourselves. We need to watch what we eat and how we eat it. Our culture has a lot to do with it, and I just hope that this is a help to somebody. Thank you.

Virginia - Narrative Profile:

Good morning. Hello. My name is Virgiinia Yazzie Ballenger. I am a Navajo woman. I'm a member of the Metro People Clan born for the folded arms people. I am a business owner in Gallup, New Mexico. I've designed clothing and I have a manufacturing facility in Gallup and we have a store called Navajo Spirit. And we've been in business for over 35 years. Navajospirit.com.

Well, Jamie diabetes hits very close to home with me. I have a family member that is suffering from the effects of diabetes and then all the other problems that come along with it. So, he is immobile at the time and he is in a wheelchair and the family is working on getting a van fixed so that his wife can transport him to his appointments and for travel and everything. So, diabetes is a big issue on the Navajo and Navajo country. And a lot of it comes from diet. We have this idea, I think that fry bread is a traditional food and fry bread is not a traditional food that started with the Navajo people when we were in captivity in Fort Sumner, after the long walk in the 1860s. And I believe that the way to help ourselves is to embrace gardening and

going back to the way our parents and our grandparents lived. When my mother who is a, altogether she had 14 children and there are five of us still living.

But when my sisters were young, my mother gardened, they had a field, they grew melons. They grew corn, beans, squash and they were livestock owners. They had cheap and that's the way my mother provided food. My parents provided food for the family. She would garden. And then she would weave rugs. She was a Weaver. So, when she needed other items to feed the family, she would ride her horse, taking her rug to the trading post and she would get other things that she needed such as cloth for clothing and coffee. And I remember hearing her talking about getting canned peaches and sugar. And those were the things that were used sparingly to supplement the food. And the majority of the food was grown, was produced by the family. And my dad would hunt and he would bring home a venison. He would get a deer every year and they would dry and make jerky out of the mutton and the venison.

And recently I was listening to my sisters talking and they were saying, remember, dad used to go hunting every year. And he used to go hunt with so and so and dad got a deer every year. And my dad's philosophy about going hunting was he took very little food with him and he and his hunting partner packed a lot of food. He took stakes and he'd big grilling pork chops. And just having a nice camping trip was that was what the hunting trip was to him. My dad's trip was to provide food for his family. And he was the understanding from his elders that the spirit of the deer, the animal world would see that he did not have a lot of food. So, they therefore they would make themselves available to him. And he always bagged the deer every year. So, I thought that was an interesting story and a very relevant philosophy that he believed in to provide for his family.

And along with re-embracing learning how to grow our own food, on Facebook this year,

I see a lot of Navajo families going back to growing squash and corn. And I think we all need to embrace that practice. And in the spring start, because it's a learning process, you don't grow it down to full crop the first year that you start gardening, it takes practice and start growing our own food. And then along with the practice of growing your own food, you have to get out and take care of that field. So therefore, there comes the exercising because we need to be less dependent upon the grocery stores, upon food stamps and government handout. That's what's ruining the people is.

We have become dependent upon others instead of providing for ourselves and learning. And we just have to look back, a hundred years ago, how did our people survive? Our Navajo people paid a very high price for us to be here today. And I believe in hard work, there's a Navajo term that is used[foreign language 00:00:09:48] that means it is up to you. And when my mother was in her thirties and her twenties, when she was starting her family, the area that we lived in the land was very fertile and there was grass everywhere for the sheep to eat. And this is a story that I have heard. And you've heard about the sheep reduction, the livestock reduction program that the government implemented, where they came in and they would dig trenches. And the Navajos were told to hurt their sheep into the trenches and the sheep were burned.

And the government said, you have too many sheep, too many livestock. And I think the fear behind that was the Navajo people were becoming too wealthy and their livestock was greatly reduced. So, the area that my family raised their sheep, it was a fertile valley. They had quite a bit of land that they had access to. And now there's nothing but a Sagebrush because there the government came in and spread seeds to ruin the land. That's a story that I heard, whether that is true or not, but it's hard to think that it would not be true. So, I think the answer to our trouble with diabetes is to go back to our traditional foods. And then also to learn how to

garden, raise some chickens, raise some rabbits, have a cow or two and be more self-sustaining. You have to learn to how to amend the soil and start with small plots by composting. We have a city home and we have a country home where I grew up, where the Hogan is. And we have built a large straw bale garage where we plan to work out of to build a straw bale home. So, my husband and I are inching through inching towards retirement age. So, we want to build a straw bale home and do solar energy to run the place. And one of the things that we have to deal with is there is no running water. So, we either have to drill a well or we have to haul water like everybody else. And we have been composting here. I signed up for a class that was an online class through the New Mexico environmental programs. And they, we have a compost bin and we throw all of our food scraps into and it's funny how much our garbage has lessened after we started composting.

Our neighbors put out their dumpster every week. We put out our dumpster every other week because we have, we compost the majority of the food scraps from the kitchen, recycle and that practice amend the soil. And then we have also watched, I watched a video where a man was taking wood scraps and burning it. He had these two barrels, one smaller barrel was inside a larger barrel. And then he would put all his wood scraps into the edge of the barrel around the empty space between the large barrel and the smaller barrel. And he was slowly burned that and it would turn to charcoal and then he would use that to amend the soil. So, it takes effort growing your own food. You have to put forth quite a bit of effort to learn and to find ways to improve the soil.

There is a documentary about a woman. I believe she's from the Santa Clara Pueblo. Her name was Roxanne Swentzell. The area that she lives in Northern New Mexico that, she lives close to the Rio Grande, but yet the area around it is kind of brown. And when you look at it

from an aerial view, her compound is a green Oasis. And then there's a concept called permanent permaculture. There's a man in Tucson, I believe that is embracing permaculture.

And his compound is a little green Oasis. And you have to capture all the rainwater that falls on your property, metal roofs, run that water into barrels and put all that rainwater to use. And don't let it run away from the property. So, there are ways to improve the land and to take care of the crops that you have to plant your plants next to each other, where they help each other. And I think that's where the concept of the three sisters with the corn, the squash and the beans, those three plants support one another. So, we need to educate ourselves and implement what we learn and then teach that to our children so they can teach it to their children. And for seven generations on we start improving where we are.

The corn grows tall. The beans, when they start getting their vines and they start climbing, they use the corn stock as a support and they grow up the corn and the squash, the corn and the beans. They provide shade for the squashed row under them because the squash, their vines kind of run horizontal. And my mother shared with me a story about the corn plant, because she always grew corn. She would collect the corn pollen from the corn plant. She'd go out early in the morning and knock down the pollen off the stocks. And this was when I was getting married. She sat me down and she said, this marriage that you're going into, she said, are you sure? Because I married now a person that was not native, I'm married to an Anglo person. And she sat me down and she said, are you sure that this is what you want to do?

Because she said, we were getting ready. We were preparing the blue corn mush to take into the ceremony. She said, what you are about to do cannot be undone. She said, just remember that. And I said, yes, this is what I want to do. She said, okay. She said, think about your marriage as planting a corn. She said, you put the soil, you put the kernels in the ground

and you tend to it. When weeds grow up around it, you pull up the weeds, you water it.

And she said, that is how you take care of your marriage. She said, at times there'll be tough times. The winds will come. Your corn plant will bend way over, about to break and insects will come and try to eat your plant. And she said, just continue to water that corn plant, continue to water your marriage, pull up any weeds that grow up around it and your corn plant, your marriage will take root. It'll grow strong. It'll take deep roots. And eventually you'll get corn on your corn stock. And those that corn represents your children. And when you're a corn plant with matures, you have corn pollen at the top. She said that corn pollen represent your grandchildren. She said, when you are old and you have gray hair and you have grandchildren at your feet, that is what call success in life. She told me, she said [foreign language] when you have gray hair and you're able to say [foreign language].

She said, that is when you have earned a good life is when you're able to maintain your marriage up to that point. So, I've always remembered that story. And for me when marriage gets tough and you want to walk away from it to me, that was always like going into that Hogan where my uncle who performed the marriage ceremony and all of my husband's relatives were on the north side of the Hogan. And my relatives were on the south side of the whole. And my, our parents were at the back of the Hogan with the medicine man that performed the ceremony. When you choose to divorce, it's like going into that sacred ceremony and kicking dirt on everybody and walking to me, that's what happens for you when you choose to walk away from that commitment.

Well, a tradition with Navajo people was to get up early and run and we need to, before you can run, you need to walk [inaudible] get up, get out in the morning and go for a walk. One of my sisters gets up at 5:00 AM and she goes for a walk every single morning with her dog in the

dark, takes her flashlight and walks in. That's her way of trying to stay healthy. And with Navajo people, we have what is what we've called chapter houses in each community. And that's where they have two meetings a month. They have a planning meeting. They have a chapter meeting, I think perhaps with our people. That would be a way to get word out, to teach and to share, to bring in speakers and to start sharing the knowledge of this is how you compost, start with a small garden, plant just a couple of plants and start building on that and teach people how to catch their rainwater.

And we have a big metal roof on our garage, out at our country home. And we have two large containers that are full of rainwater downtowns that we use. And to start educating, I hear we have a local Navajo station called KGAK, where they have speakers that come and share cultural knowledge. Just recently, I heard a Navajo man on speaking about domestic violence and trying to educate and speak to them. The men folk and the women folk, this is not our way of life. So, there are ways to get the information out and it just starts with education. And on the receiving end, it starts with the willingness and the acceptance to accept that idea that this is good. Gardening is good.

One of the things that I know the family member did was his wife took him, did a purge of all the medications because he was on too many medications and it just seemed like he was going down. And she went to, they went to a doctor outside of the local area at the local doctors. She took him to a bigger city and consulted with another doctor. And he said, well, some of these medicines that he's on, they should not be taken together. So, she took him off of his medication and did kind of a cleansing.

And I spoke to a Navajo herbalist and got herbs and did a cleansing of all the pharmaceutical drugs. And after that, his health did improve. But I think a lot of it also has to do

with doing physical therapy, to regain the muscles in his arms and his legs because he's been in a wheelchair for a while. So, the muscles atrophy and he's going to have to, when you start seeing your health improving, then I think you've regained the will to live and then to start improving your muscle tone that so that you're able to get up and walk because he's not an old man. No, he's still he's in his sixties.

Yeah, in addition to learning how to garden, then there comes the knowledge of which herbs do you start planting and how do you use those? Recently I had an illness and I was sick for a couple of days and just didn't feel right in my stomach and didn't have an appetite. And I fixed myself a big pot of blue corn mush and put in extra Cedar because you add the Cedar ash to the blue corn mush and immediately my stomach felt better. And it was, I believe that it was from the medicinal value of the Cedar.

So, we need to relearn, many years ago when we had a can Kinaaldá ceremony, which is a puberty ceremony for one of our daughters, that medicine man that came to conduct the ceremony. His sister came with him on the final morning. She was walking around the property, out at our Hogans. And she was telling me, she said, Virgiinia. She said, you have a lot of medicines that grow around here. And my mother used to collect herbs and dry it. And she took care of herself. And my mother lived well into her late eighties. And unfortunately, I was too busy being a fashion designer and not learning how to be an herbalist.

Through social media, YouTube videos. Anytime I need to learn anytime I want to look up how to do something. I look it up on YouTube and I think that a great way to learn, to teach.

I think a lot of being a strong individual grounded has to do with spirituality. You have to take the time to be still, you have to take the time to go out into nature and go for a walk and get away from step out of the rat race, where we all have to have jobs to provide for our families. But you

need to make time to spend time connecting with the creator and remembering what is important, what is not important. And from there, you kind of get your priorities straight and you understand what wisdom is and what's important, what's not important, prioritize and just be a grounded person and don't get so caught up in the outside world and what their values are because their values are different from the values of our grandparents, my parents.

Participant Anonymous 1 Profile:

Sure. Okay. Well, first of all, I just want to thank you for considering me as one of your participants for your dissertation. I appreciate that, and I also understand how important it is. I am Navajo, full-blood, both my parents and grandparents are all Navajo. And on my mother's side and also myself, I am a member of the Mountain Cove clan, and on my father's side, I was born for the Bitter Water clan. And my maternal grandfather is a Towering House clan, which is derived from the pueblos. And then on my paternal grandfather's side it's also a Water clan, and it's, I'm trying to figure out how to say that particular clan in English, but I think right now I'll just kind of pass on that one since I did give you the two most important clan that I belong to.

Okay. First off, I'd like to go ahead and just let you know that people will consider me an elder and I am within the middle ages of 60, and several years ago, ironically right on my birthday, I was diagnosed as having prediabetes, and I was really devastated to hear that because of the fact that diabetes did not run in my family at all. My parents and my grandparents, as far as I know, were never diagnosed as having diabetes of any kind. So, it was totally unfamiliar to me, but my experience prior to my diagnosis was with my husband, who has passed on, that was diagnosed as having diabetes when he was in his, I believe it was his early 50s. And so, I was not really familiar with what that all entailed, but I kind of got a little bit of

experience just watching my husband and participating in some of his appointments.

And I could not understand how there didn't seem to be any kind of cure or any kind of information that could give him hope of reversing diabetes. And so, all I saw was just bottles and bottles and bottles of prescription, and then also insulin shots. And that was my experience just watching my husband. So, after he passed on years later, then I was told I was prediabetic. And like I said, I was devastated. The only thing I could do was just cry because I didn't know what that meant. And so, it just seemed like it was a life sentence I was given, and it just felt like I was totally defeated. And when I asked the doctor, "Is there anything I can do to reverse all of this? What do I need to do to help myself?" And I never got any answers.

And the first thing they wanted to do was give me metformin and some other diabetes medicine. And I put my foot down, I said, "No, I do not want any of those medications. I refuse to take it. And I will go ahead and see what I can do to get the answers to my questions." And so, all they gave me at that time was the little machine to check my blood sugar level every day and to record it. And so, they showed me how to do that, and that's basically all I did. And I was willing to go ahead and do that, but even then, I didn't really understand what I was looking for and what the numbers meant. There was no explanation from any nurses or doctors or physician assistant, nobody. So, all they told me is you got to bring your blood sugar reading down to below at least a hundred and a little below. And that's all they told me. I didn't know what an A1C was, I didn't know what the numbers meant, I didn't know anything.

So out of desperation and I guess you could say determination on my part, I refused to just allow the doctors to make the decisions for my health. So, what I did is I started doing my research, and as I did my research, then I found out that diabetes was reversible. I came across, through my research, a doctor named Jason Fung, who had an office in California and had

treated a number of patients very successfully, and he was able to help them to reverse diabetes. So, I took a long shot, emailed him, and got a response from him, and he directed me to his website. So, I read through the website and decided to go on his regimen, which was three days of fasting and then changing my lifestyle where I started implementing 45 minutes of walking exercises every day.

And I started to look at the types of foods I was eating and changing that to be more plant-based meaning vegetables, primarily vegetables, and more of the natural-type foods. Not so much the organic stuff that you see in the stores, but really trying to buy directly from the farmers and look for home grown kinds of foods. And then I'm learning about the types of meat to eat.

So, what I started realizing in my whole educational period is that I began to reflect on my childhood, on the lifestyle that my family had, and the stories that were shared with us when I was growing up. And what I found out was that foods were very, very different in the days of my grandmother. And everyone pretty much knows that Navajos were nomadic. And because they were nomadic, they depended on different types of plants and they traveled a lot, so they were hunters and gatherers. So hunting was not necessarily, always big game, but it was also small game.

And some of the small game that I remember we would eat when I was small was prairie dogs. And prairie dogs has a very lean type of meat, it doesn't have a lot of fatty meats in it, and how you cook it really gives it a really unique flavor that doesn't taste so gamey. And so, that was what I grew up on. And mutton and lamb was more of a delicacy because it was something that we didn't have a lot of. And so, if we had mutton or lamb, it was to celebrate something, a ceremony, a wedding, a puberty ceremony. There was a special occasion for us to butcher and

have that kind of food and even more so with cattle. So, we didn't eat a lot of beef, it was very rare in our family.

And some of the other foods that we ate that was very lean as well was horse, horse meat. So, depending on how it was cooked, it was very, very flavorable, but it had a very strong taste to it, so you had to have an acquired taste for horse meat, but that was something I also remember having to eat every now and then, but it was more in the winter we would have the big game, and we would also have deer meat and elk meat, but those were more for the winter. And the small game was also more in the winter. So, most of the protein, the meats that we had, were seasonal. And so, it wasn't in the summertime that we would have this. And I remember my grandmother saying that we didn't have the game, the small games, in the summertime because of the fleas. And so, they were very cognizant of when you could have meat and butcher without having to worry about diseases that some of these animals carried and stuff like that, they were very well aware of that.

So nowadays we have foods that are grown on large farms to supply supermarkets and all of these different kinds of grocery stores. And they use a lot of pesticides and other types of chemicals that we don't realize can really cause some of these diseases, and we're told that it's healthy because it's green and because it was grown on this large farm, but they fail to tell us what kinds of pesticides are used to raise a lot of those crops. So, there was a difference with the kinds of foods and then even the exercises. We did a lot of walking. My ancestors, because they were nomadic, did a lot of walking, did a lot of running. And it just depended on the wealth of families if they had access to horses and wagons that they could use, but our lifestyle really changed with the long walk.

And so, because of that the types of foods we were given changed, and also the exercises

changed. Today, we're more sedentary in our jobs, we sit a lot, we don't do a lot of walking or manual labors. And so, because of that, we're mentally drained and tired at the end of the day, so when we go home all we want to do is turn on the TV, kick our shoes off, have a meal, and just watch TV, and go to sleep. So, for many of us, that's the kind of lifestyle that we lead because I think mental drain really affects our bodies even more so than physical drain. At least with physical work, you can recover very quickly, but with mental drain, you wake up with headaches, and you still wake up with body aches, and you have the grogginess sometimes, and you feel like you didn't sleep very well. And then if you're worried, then you really don't sleep well if you're dealing with issues at work, a problem, a challenge, an obstacle that impacts your job.

So, we're constantly having to deal with those kinds of things, so our whole lifestyle is changed. And because of that, we're right now trying to figure out by whose definition does healthy apply to. When we say healthy lifestyle, healthy foods, and exercising, is that definition from the Navajo people themselves or is it a definition imposed upon us by the dominant society? They're telling us what healthy foods are, which is not really the types of foods that we had been accustomed to.

So if you go on the Reservation and you sit at a table, say in a remote area with a group of family, you're not going to find a chef salad in the middle of the table, you're not going to see what the so-called healthy food items are, you're not going to see broccoli, you're not going to see asparagus, you're not going to see sweet potatoes, those kinds of things, what you're going to see are a lot of starchy foods, that also is a reflection back to our days of being colonized because of the long walk. You're going to see frybread, tortillas, coffee, maybe mutton, mutton stew, or some kind of lamb maybe, roast mutton, and of course, all the other fixings with it, and potatoes. And that itself is a meal that you will normally see if there is any kind of meats in the

home. Other than that, you're going to see Spam, and you're going to have Spam and potatoes, corned beef and potatoes, and tortillas or frybread. And that's a meal by itself already.

So, when you look at the types of foods we eat, the person, the field health nurse will come and see, and they'll tell us it's not healthy. It may not be healthy to them, but it's edible to us, that will sustain our daily lives to get that energy because that's all we can afford. And so, they don't look at the financial part of it because nowadays you have to have money for everything. And if you are an elderly person and you're living alone, then you're eating alone, and you're eating just whatever you can fix or whatever is available, and oftentimes it's not a lot, it could be just coffee and frybread. I remember growing up where we would just have canned tomatoes and we put a little bit of sugar on it, and coffee and frybread, and that was a meal. But today that's not considered to be healthy, but that was all we could afford, and foods like that I grew up on.

So, when we talk about diabetes, and its effect, and its impact on native people, I honestly believe you have to go deeper into the root of the culture in order to get a better understanding of what that all entails. So even from the exercises, the foods, and the lifestyle, all of that has to do with the root. We're living in a culture where everything that is addressed, like our health issues, when we go to the hospital for whatever ailments, they don't look at the root of the problem, they look at the symptoms, and that's what they diagnose, they diagnose the symptoms, they don't diagnose the root of the cause for somebody to have diabetes.

In my case, when I took a look back at my own lifestyle, what was happening, what I found out is I was going through a lot of stress, a lot of emotional stress, and most of it predominantly had to do with my stress issues. And when an individual is experiencing high levels of stress, all they're going to want to do is eat and sleep. They're not going to want to do

anything else because they're too worried about their situation. They're constantly worrying, maybe they have headaches and they're just relying on Tylenol, and they're not really able to deal with a lot of those issues because they feel very alone in what they're dealing with, and they need to talk to people to help them through that process so that it could prevent being told you're prediabetic.

And when we eat, we grab the first thing that's near us, a bag of chips, soda. And so, we're eating these kinds of foods to really energize ourselves to where we can continue to do our work or to go places we need to go, but we really don't address the real cause of our issue so that we can help ourselves, and there's nobody providing the education. And in my situation, when I ask, "Is it reversible?" And I didn't get an answer from a doctor, a nurse that has umpteen years of education and they can't even answer a yes or no, that really makes you feel like you've been defeated and that you have no support.

So now what we really need to do is we need to come together, we need to let each other know that it's not doomsday for us just because somebody says you're prediabetic or you're diabetic. What we need to do is educate each other and say, yes, we understand that this is a diagnosis, but this is what you can do. You can do this on the cultural side, you can explain it in the native language, and reintroduce them to their cultural lifestyle that they came from, help them to make those connections back, and help them to understand the types of cultural foods they used to eat that was very healthy according to their grandparents, according to their parents, and get them to go back out and start looking for the wild celeries and wild carrots, and using the cacti to make their dishes that they used to eat. And help them to see the difference, it's an education that has to happen, which has not been happening in order to find strategies for prevention.

I honestly think you can, and it can be done through cultural-based educations, and it really needs to be culturally-appropriate for each native tribe. And what is not being taught culturally has to do a lot with the different types of foods, and also the respect for land and the environment, and also for people. And if you don't teach the culture from the perspective of the elders, from the grandparents, from the mothers and the fathers that still practice some of these things, then it's going to be a lost cause. But a lot of it has to do with public schools and other local school systems that have to be open to allowing the local cultural tribes to be a part of the educational system that can enrich that process, because in most public schools that are on the Reservation, especially on Navajo, you're going to find each school has a high number of non-native American teachers that are not acculturated into the community. Yes, they live there, they might live there, but are they really acculturated the way we have been acculturated into the dominant society? No, they are not.

I mean, there has to be an educational system for the non-native teachers to learn to implement cultural-based suggestions and ideas into their curriculum because teaching about foods can easily be done through breaking down the chemicals if you were to compare the natural foods from the land base to store-bought items, and that can be done in a science class. What a teacher can do then is to bring in a guest speaker to discuss the types of foods and to take the kids out on a mini field trip to go look for wild celery, and they can take it home and have their family prepare it so it becomes a family project. But you have to be very innovative, and teachers cannot be lazy because they have to use a lot of their creativity.

And ironically, the dominant society is always the one that says, think out of the box, but when you put that person from the dominant society on the Reservation and the public school system, they don't think outside the box, they end up dictating the educational system from their

perspective so our kids end up being more assimilated into that system rather than partnering to make it more acculturated from both sides.

I think Indian Health Service is all based on funding. And because it's based on funding then they have limitations as to the quality of service that can be provided to each individual that goes through their doors. And I think when an individual gets to a life or death situation, that's when they allow individuals to participate in the Contractual Health Services. And there are a lot of people that end up having to go through Contract Health, but even then, with Contract Health, they sometimes are still denied. And so, with my husband, he got all of his medical services through the Indian Health Service and when they diagnosed him as having diabetes, he went through the VA because he was a veteran, and they referred him over to the Indian Health Service and told him to get his medical services there.

So, he ended up having to go to Indian Health Service. And what they did is they scheduled him, they gave him all the meds right at the onset with the little tool to do his blood sugar testing's every day. And then they prescribed him I don't know how many different kinds of medications, then they made another appointment for him, and told him that they would show him how to give himself a shot with the insulin. So, he had to learn how to do that at the next visit. Then after that, they scheduled him for nutrition.

So he went to his nutritional appointment, and I went there, and the young lady happened to be a native woman, and she was explaining to him that he could no longer have certain kinds of foods that he was accustomed to eating. Some of it was beans, tortillas, and some stews, and fatty meats. And so, she went down the list and then she told him basically that the foods he had to eat were vegetables like lettuce, tomatoes, a lot of those kinds of things you would put into salads, which-... grow up on. And so, he got so upset at her, and he says, "You mean, you can't

tell me how to eat my traditional foods that will help me to bring my blood sugar level down other than to tell me that I can't eat these foods anymore, and that they're the reason that I'm going to die?" And so, he got upset and he walked out, he walked out and was cussing, and said, "I don't want nothing to do with this." So, he left. And when we were driving home, and then he says, "I'm not going to have anybody tell me that I can no longer have my traditional foods that I grew up with."

And he says, "I'm going to continue to eat what I've always eaten, but I'm going to cut down the portion sizes of what I'm used to eating." And so, he just says that "I'm going to go ahead and take my medication, and I'll go ahead and see what happens." So, he continued to do that. And I had watched, I think it was a PBS show on TV one day, and they were showing a video of a Brazilian tribe, Indian tribe that they were studying that had to do with diabetes. One lady was so bad that she was near death, and the doctors that had gone into that community were treating her with medication, metformin and all of those other medications, and she wasn't getting any better.

So, they were very concerned about her, and they contacted a person in their community that was like a person that knew about herbs and was sort of like a medicine person, and they talked to that person, and he went and checked the lady, and she was just laying there almost lifeless. And then he told one of his helpers, and told him what kind of plant to go find for him. And he told the runner to go out and told him where it was located and everything, and it was going to take the young man a few days to get there and back. So, in the meantime they just did what they could to keep the woman alive, and when the young man came back with that herb, it kind of looked like a big palm leaf and they put into hot boiling water and they made tea out of it. And so, when they made tea out of it, then they started giving it to that lady, and here, lo and

behold, the lady started getting well. And the medicine person told them not to give this lady anymore of the White man's medicine until after she finished all of the tea, then they would decide if she needed to continue taking the White man's medicine.

So, she ended up continuing to drink the tea, and it was in a big kettle. And so, she drank that for days, and the doctor, the field doctor, just kept checking her blood sugar level every other day or so to see how she was doing. And by the end of the last day, when she finished drinking that tea, her A1C had dropped all the way down into normal range to where she discontinued the medication, and the only thing they told the doctor to do was he could check on her, but they did not want her taking any more White man's medication because she would continue to drink the tea.

So, that's how they ended up healing her, and I had heard about that. And when I heard about it, lo and behold, I came across a group of people that had come to New Mexico that were from Brazil. So, I took the liberty, I told my husband about the show I had seen, and I told him, I said, "I wish we were able to get access to that plant so maybe it might help you as well." So then, he just kind of laughed and said, "Well, you never know." And then I just said, "Well, maybe we'll go out to Brazil," I said, laughingly.

Well, the people that came were actually visiting, they were from the Government of Brazil, and they were here in New Mexico visiting because they were very interested in the number of tribes that were in the state. So, they came more on a research quest, I guess you could say. And so, when I found out, I took the liberty of finding out where they were so I could meet them. So, I met them and I talked to the guy that was leading his group, there were several people, I think there were like five or six of them, both men and women, they had men and women in their group, and I told them man about...I told their interpreter about what I had seen.

And I asked him, "Is that a real true documentary, or was it not true?"

And they kind of looked at each other and they were kind of reluctant to really answer, so they took a minute and in private, then they talked to me and told me that, yes, it was true, and the woman that they helped was in very good health and she was still alive, and she was very healthy. And so, I asked him, I said, "What are the possibilities of getting that plant for my husband?" I said, "My husband has diabetes." So, I explained his situation to them, and the lady, the interpreter, said, "When we get back, let me see what we can do to get some sent to you because we have to go through customs."

Okay. I said, "I would appreciate it." And she says, "We will stay in touch, this is my email, I work for the Government of Brazil so stay in touch with me, and I will stay in touch with these people, and they do come from that community." So, we did that, and here one day, in my mailbox, that plant was there. And so, I started using it with my husband and we drained it to where, we used it to where it was no longer boiling with the tea, the light brown color, we had boiled it to where it was just like water, hot water. And during that time, he had gone in for several checkups and they found out his A1C had actually dropped. And they had taken him off of, I think it was three or four different diabetes medication, and they were going to be continuing to watch him closely. And he got down to where they were going to just have him only do the insulin shots until they were absolutely sure that he was doing okay, so that was a process, but I was not able to get any more of the leaves for him because the woman that was working for the government ended up coming back to New Mexico. I met her, and she told me she had resigned from her position where she was able to get us the plant, because she could work with customs and they would approve her sending the plant to us.

And so, since she was no longer working with them, we didn't have access to it anymore,

but still it helped to bring the A1C down for my husband to where he did get some medication cut from his daily use. So, I know that natural plants do work, and those were some of my own personal experiences. And right now, I've learned to be more in tune with my body, so when I feel like my blood sugar is high, I know that it probably is, and so I change what I need to do. And right now, I have not been doing a lot of exercises and I do want to do my walking exercises again. And the minimum 45 minutes of walking is really, really surprising because it can actually change the healthiness of your body. And one of the things I noticed just walking 45 minutes a day, after the second week, I didn't have any issues with acid reflux. And so, that was one of the things that I also found out when you are prediabetic or diabetic, that you end up having more acid reflux issues as well.

So, with all of that, rather than taking medication, you can do your 45-minute walking exercises. And it has to be fast paced, not leisurely walking like you're just taking a stroll with your friend, not that kind of thing, you have to walk very fast pace in order to burn the sugar in your body. And reading food labels, you start learning to read food labels, and you start really looking at food items that you're eating and the portion sizes. And so, you really start to understand the differences.

And the thing about it is, our ancestors, when they used to go out hunting, they didn't take food with them, they just ate from the land what they found, or the small games that they shot while they were looking for bigger game. So, they were pretty much fasting most of the time and their body was used to not having big portions of three meals a day or anything. They were able to eat throughout the day and still satisfy their hunger pangs. So, that's something that we don't do anymore. We're not accustomed to that anymore, and we need to learn that we don't have to eat these three big portions of meals anymore, we can eat throughout the day, you can have a

small portion of nuts and that will sustain you during the day and you're not hungry, or finding something else that's nutritious that you enjoy eating, cucumbers, those kinds of things. And you just have to really start learning about your own body.

Well, I'm the kind of person that if you tell me no to something, I will find a different way to get to an answer. And since I'm also in my own program, then I'm able to do research. But when I do the research to find an answer, I don't keep it to myself, I share it as much as I can with other people. So, when they tell me, "I have prediabetes or I was just diagnosed with diabetes," then I tell them, "Go to this website and look at this, listen to the videos, and you decide for yourself how you want to change your lifestyle and reverse diabetes." There's another person that I've been also watching, and she's a nutritionist, and her name is, I think it was Shamaine Dominguez, and she has a TikTok and she has a Facebook session, and she just talks about how you can reverse any level of diabetes just by changing the way you eat, and the types of foods you eat, and the portions. It's very interesting, and she's now doing a full blown session, but you have to pay for that session, and I don't have the money to pay for that, even I would like to be a part of it, but that's what she's doing. So, I like to listen to hers, and then I also like to go on to Dr. Jason Fung's website and look at things that he's doing currently. And he no longer has an office in California, he's now in Canada. So, he has an office in Canada. And surprisingly enough, he was the one that emailed me himself and we discussed my situation, and he just encouraged me to do what I needed to do, but to also stay informed with my doctor, and also just to let my doctor know what I'm doing.

When I initially had been diagnosed with prediabetes my A1C level was at, I think it was 7.5, and then three months later, they told me to go back to get rechecked, so I went back, and I had gone down to five, I think it was 5.1 or 5.2. And the lab technician, who is East Indian, was

so surprised, he asked me, "What did you do?"

And even the doctor at IHS asked me, "What did you do to bring it down within normal range?" And then I said, "Well, because you didn't have the answer for me, I had to do my own research, and I found the answer," and I said, this is what I did. The doctor was very, very surprised. And I told him, I said, "You know, very honestly, doctor," I said, "I don't know why you guys are not sharing this information that it can be reversible, but I say, you're doing more harm than good by not telling the patients that it can be reversed and you need to tell them." I said, "But if it means a bigger paycheck for you, then I guess I can understand why you're not telling people," is what I told him.

Yeah, exactly. You have to get a better understanding of that, and that all has to do with education and the non-English speakers all need to have that information translated to them so they understand by native field nurses, because they go out there to check on some of these elderly people and they need to share information like that.

Just that I think it's important to become more educated to that type of disease and any other type of disease, because prevention actually allows each one of us as individuals to have more time with our family and our loved ones. And that's really what it boils down to is, the better we take care of ourselves, the longer we live to enjoy the lives of our children, and our grandchildren, and even our great-grandchildren.

Narrative Profile: Harold

My name is Harold Freeland. I'm Navajo. My clan is Bitannii is my mother. [Tobaazhni] is my father. I grew up in New Mexico, my early years. Crownpoint is where I grew up in my younger days. I went to Farmington, New Mexico, and went to high school. After that, I applied

for the relocation program. I was accepted and my major was commercial art because I had started drawing at a young age. I was fortunate to get on that program. I moved to Los Angeles in 1972 and attended the Los Angeles Trade Technical College, where I majored in commercial art. Did my two years... to seek employment, and I was hired.

My first job was working at [anonymous] where we did T-shirts for all kinds of apparel at that time. It was kind of a training ground for a lot of us that were getting out of the school, trade tech at that time. Then from there, we were able to go seek other work in other job facilities, which was illustration, design, advertising, things like that. From there, I did work like a year a half. Then from there, I got a job at the Los Angeles Herald Examiner newspaper. It was interesting work because I never knew what was involved with a newspaper, but being there about 12 years from like 1976 to 1989, when the paper folded because of financial reasons.

From that point, I pursued my art, traveling, doing art show, exhibits and things like that. Then I got another job with the Southern California Indian Center, where my job was training younger artists that wanted to learn the business and make a career out of art, the same things I was doing. I was there for maybe about 11 years. Then after that, I went to do my art again, traveling, doing art shows, exhibits and painting, things like that. Then I got my next job at the United American Indian [inaudible 00:03:00] the health organization which helps Native Americans in Los Angeles.

There I was their graphic designer. I was designing things that we use, brochures, pamphlets, booklets, business cards, whatever that the business needed. I was there for 12 years or actually 18 years. Then I retired 2019. From there, I moved out to Oklahoma to be with my grandkids and that's where I'm now, which is a big change from being in a hustle, bustle world to out in the country, just living amongst the cows and fields and things like that, which I don't

mind because I grew up in a small town. There was nothing going on.

Here it's the same thing, which I don't mind because I'm going back to the type of lifestyle I had my early years, which is okay because I want to be near my grandkids, try to help them succeed in their life and teaching them how to grow and hopefully get them into art if they want to get art rolling. That's what I'm doing now.

A lot of my family members have diabetes. It's mainly on my father's side. A lot of my uncles had diabetes at a early age. Same my grandparents, probably when they were in their 40s. Then on my mother's side, there's not much diabetes except maybe some of her other siblings. I guess depends on their diet, where they live. That's the only experience I have. I used to watch my grandparents give themselves insulin shots and things like that. At a young age, I used to wonder why, what that was about. All they told me was because of sugar diabetes. I didn't know what that was at that time, how it affected our family until after.

When I was detected with prediabetes, I was only maybe I guess about 60 years old when I was detected with that. I didn't think I'd come out with it, but it was just... Like I say, it's the lifestyle. It affects us, our diet and not getting the right exercise and things like that. So, I know a lot about that, how that works now. I'm doing what I can to try to curb that so I don't get full blown diabetes. I'm still prediabetic as long as I keep up my regimen of exercise and try to eat healthy. It's hard because if you live in a rural place, like reservations, you don't even get fresh produce and fresh vegetables like say when I lived in Los Angeles. You get fresh produce and vegetables year round.

Out here, what you can get is stale lettuce, vegetables that have no taste, they're old. So, people don't want to eat it. That's like most reservations. We went to New Mexico, Arizona last month. We stopped at a few markets on the reservation. It's the same deal. People are not going

to want to eat old food, stale lettuce or old tomatoes or pears that are bruised or apples that are bruised, bananas are over ripe. You see a lot of that, so that's why people shy away.

There's a lot of canned food and people think eating canned food vegetables is healthy, but actually there's a lot of sodium in those things so you're kind of defeating your purpose and on top of that, they put a lot of salt on their food and eat a lot of sugar. You see a lot of pop, a lot of candy, a lot of chips, a lot of fried foods, fry bread, things like that. That's the lifestyle, how it is on pretty much all reservations. I don't think I've ever been to any of them that want to put out a salad bar. Maybe some of the casinos that have good restaurants have a salad bar. That's about it, but you never see a lot of our people go to the salad bar except maybe the younger people that want to keep in shape and look beautiful and healthy.

You see them doing it, but the... Say our age, they're not really into vegetables. If we see barbecue food or fried chicken or things like that, that's what we head to first, then a dessert. You see cakes, pies, things like that because you see it and it draws you to it. You just have to learn to eat in moderation and not eat too much of it. Maybe once in a while. Maybe once a week or something have a piece of pie or something, but not every day after every meal or ice cream things like that or have a soda every day.

That really will affect you. If you don't have diabetes and it runs in your family, you're kind of setting yourself up for it by doing that. You can't tell young people, "Don't drink too much soda. Don't eat too many candy bars. Lay off the pizza. Stay away from McDonald's, things like that." They're not going to stay away because it's instant food. See, we didn't have that when we were growing up. We'd go home, maybe have stews or chili beans or things like that, but it was always fried bread and flour tortillas. That was part of the same old thing. A lot of fried food. That was sort of the diet and commodities. That has a lot of additives, preservatives. We eat it,

but at the same time, it's affecting our health.

So, it's hard to get the older folk to eat. "This is how it's going to be. You'll get your leg amputated or your foot amputated." You see a lot of that. That's because they eat. What they don't really tell a lot of people too is alcohol has a lot of sugar. A lot of people they think, "Oh, a few beers or glasses of wine," but to me, if you stay away from that, your health is going to be better down the road no matter what. But being young, you don't think about that stuff until you're affected by it. Then you want to do something about it, but sometimes it seems late.

But then it's never too late to turn yourself around. When I was detected, I kind of panicked, "Oh man, I'm headed for an early grave, but luckily where I worked at, the diabetic prevention program that worked with us for like 16 weeks once a week. I started going. I was over 200 pounds, and they said, "By the time you're done, we'll get you down to 177, where you should be." Each week, we learned about what we ought to do, how to eat, weighing your food, measuring your food, things like that. How much you should eat. Keep your calories to a minimum. At first, you're kind of hungry because you're used to eating a big meal.

When this onset of diabetes was happening, I was always hungry. Even though I ate a big meal, a couple of minutes later, I wanted to eat something again because I didn't feel full. It's like what they say when you eat Chinese food. You still feel hungry. I was feeling that way after eating steak with potatoes, things like that. I was like sitting down, watching TV, I said, "Why do I still feel hungry?" So, I'd go and get some chips, whatever, start eating that. That's not really good for you or a scoop of ice cream, piece of pie or whatever. You're fulfilling that craving.

When I said, "Well, that is all that stuff," and start eating like this. For two weeks, I felt hungry, but I kept thinking... putting my mind at peace and going to work. By the time I finished the program, I was down to what they said I was going to be at. I felt better. I felt healthier. I

didn't feel down because when you have diabetes or detected of it, it starts to make y feel depressed for some reason because your diet affects your mind, your body, everything.

I thought, "Well, there has to be something." A doctor where I go to hospital said, "This is what you got to do." I listened to her and went by her. Every time I went to get checked up, she said, "Oh you're doing better. You're doing good." I said, "Well, it was what I needed to hear." She was a spokesperson for our program to show that, "Hey, this is what I did. You can do it too." Some people would get... They would drop out because they'd think it wasn't working for them, but it's not a quick fix.

You have to work on it for months, not just weeks and days, but months, maybe a year until you finally get the results you want, but the long run, it's better you do it over that period of time. That way, your life span will be a little bit longer because it's helped me to live this long and still feel like I'm still young. I did playground with my grandson and shoot baskets, throw the football around. His kids go, "Oh, your grandpa's good. Your grandpa plays good basketball."

"Do I look like a grandpa? I don't feel like it," dribbling to show them, teach my granddaughter how to play. Younger kids are playing, "Are you going to play with us?" I go, "Well, I don't know. I don't want to strain myself and just do so much. I don't want to be trying to compete with you guys, but it feels good to be able to still feel active in a way, but I still slip every now and then and I have to catch myself before I slip too much.

What I did is I bought a portable elliptical, a machine. I ordered one online. During the pandemic, I couldn't go to the gym. I was going to the gym maybe three times a week, so I had the thing set up in my garage. I would go up there every morning and do maybe 10 minutes until I started dripping sweat, then I'd go in have a salad and drink a lot of water. Then I'd get on my computer and do the work I had to do. Every time I felt in the mood, I'd go out to the garage and

do a little bit, maybe five minutes, not killing myself. I was doing it every day.

I get myself weighed, and I was down to 176, which surprised me because I felt I was gaining weight. When I went to my last physical, I was telling my doctor. She goes, "Oh wow. Can we use you for our diabetes spokesperson? This is where you were and now you're at this?" I said, "Yeah." "Because I'm having a hard time getting these people to continue." I said, "That's the thing, they have to do it on their own and make themselves do it because if they don't, once you get full blown diabetes and you have to get insulin, all that sort of stuff." I said, "Then it's harder especially as you get older. You don't lose a lot of weight as quick as when you're younger. When you're young you can just burn all this weight off."

When you get over 60 or 50, it's a lot harder. You have to work harder at it. Sometimes you don't lose the weight you want, but I think a lot of it has to do with just if you diet right, you exercise every day, not busting yourself, but just enough to where you're burning some calories, then it'll work out in the long run, but it won't happen right away. Like I say, it won't happen right away, but you do it for a longer period, then you can see results. That's how I did it. I think if people would want to do that, you can do it especially with the pandemic. People couldn't go to the parks or the little playground. They shut all the gyms down.

I recommended to some of my friends, "Just get an elliptical. They're only a couple of hundred bucks. They're delivered to your house. Just put it together and you're on your way. That way you've got no excuse. There's a commercial break, get on that for a couple of minutes and get off it. You're already sweating. Do it before you have a big meal. It makes you feel good. I do it every morning and have my coffee afterwards, have some water.

I was started to get into drinking soda again when I came out here because all the kids drinking it. Thought, "Well, what the heck? I'll have a bottle of pop." Next thing you know, I'm

having one every other day, so I had to stop. I started noticing my cavity came back. I had a cavity. I didn't go to the dentist for a couple of years because of the pandemic. Now I got to go. Also, your dental affects your diabetes too. If you don't get checkups, let your teeth go. That sugar really affects your teeth. You had to floss, brush, whatever, the sort of stuff that they tell you because that'll affect you as you go and sometimes you don't know it.

I see a lot of guys that have got bad teeth, and "Oh, I'm diabetic." I said, "Well, what you should do is get your teeth worked on." He got kind of offended I said that. It's like, "Well hey, I had bad teeth when I was a kid because we drank pop every day. That was a thing. You go to the store, you're thirsty." At that time, pop was only 10 cents a can. Chips was five cents. Gum, candy was a nickel. Bubble gum was a cent. At that time, you're walking around with a pack of bubble gum in your pocket, drinking a pop, bag of chips for a quarter. You couldn't go wrong.

Now, you'd spend like five bucks for all that. You have to think economic wise, nowadays, "Is it worth it?" To have pop or just a bottle of water. That'll do. That'll quench your thirst. At my age, I'm trying to think of health stuff more than my wellbeing as far as, "Should I have a pop to feel good or should I just have a bottle of water or some tea with no sugar?" I had to cut the whole sugar thing out. For years, I cut it out. It worked.

You get to taste food if it you don't put salt on it. When I had coffee, I always put sugar and cream. Then I cut out the sugar. I still put a little cream because coffee's too acidic for me, so I still use creamer in it, but try to keep it down, where I'm not putting a whole lot in it.. I could tell the different brands of coffee by who makes it and which one's better. You put cream and sugar, it all tastes the same. It's a matter of what's your taste and what you like.

If you're living out in the country, there's always ways you can exercise. You don't have to have gym equipment, things like that. You can walk, you can run, you go places. There's

different things you can do, but the thing is it's the food that you get living in rural places unless you have your own farm going. Then you can grow what you need that you know is healthy for you. A lot of people aren't farmers, so they don't want to spend a lot of time farming because it's work. If you want to maintain your health, it's good to have a garden to grow your own corn, squash, melons, things like that, herbs, whatever you need for your food, what you can grow in different regions.

Where I'm at now in Oklahoma, it's green. It rains a lot. You see a lot of trees. A lot of farms. There's a lot of alfalfa for cattle, but you don't see corn fields like say in Arizona, New Mexico, places I've been before. You don't see that. You don't see a lot of vegetables growing. I'm wondering for farmers markets out here. You got to go long distance to find it. You're not going to get all the vegetables that you need. Say in LA, the farmers market, they've got everything there. Here, it's a big change.

They don't have everything that you're going to need to stay healthy. A lot of can goods because that's extended shelf, a lot of processed stuff. Whatever vegetables they do get, it's old, like I say. It's not like the city, where you get everything you need. Now, the closest market where you get everything basically is something like Walmart, but their food, it's mostly GMO. You buy apples, oranges, plums, whatever, and it doesn't have taste. It looks like it's going to taste good, but it doesn't have that taste, so people get put off on the type of food that comes out of there.

I started to learn more about it, a lot of this GMO stuff, how it's going to affect us. We don't know the long run how it's going to affect us. Like I say, I want to see gardens. I want to probably try to start one here where I live because it's green. It always rains. Say, "What the heck?." Going to have some corn, squash, some melons, some things like that, but that's probably the next step. For exercise around here, there's plenty of long range. You could run

down the road, ride a bicycle if you want, but me, I just sort of... They have a wellness center in town that the tribe has, but they don't have all the equipment, but they have just enough.

I just stick with my elliptical because that's what you need to keep yourself kind of active. It takes the place of walking or running and plus that makes you sweat. That's the key. You've got to work yourself to a sweat and it takes only minutes to work up your sweat to an elliptical. That way, it's beneficial to me here if I can have it. You don't know whose property you might walk on. They could shoot you if you walk on someone's property.

The res, run up and down the hills, climb trees and play basketball because there's a court at the public school. We'd go there, but here, it's kind of far to do stuff. I'd take my kids to the playground, shoot around a basketball, whatever, when it's not too hot. If it's too hot, it wears me down. They can play for hours, but this old guy here, I can't play too long. I do my best when I can. That's how it works. Rural places, there's always something to do if you want to do it. Probably make your own gym equipment if you can. I see people doing that, making their own weights with concrete, things like that, make their own workout bench, things like that.

If you really want to do it, you can do it. Nowadays if you have a computer, you can order your own weights, things like that. Bring it to your house. It's one or the other. If you don't have the money, you got to settle with just taking walks and watch out for wild dogs, things like that.

I think part of it is you got to ask them about their parents, grandparents. What happened? Are they still around? If they say no, "What happened?" "He died of a heart attack," or this or that. Or so and so's sick all the time. You kind of prod them for answers and then a lot of times, they tell you stuff. In my mind, what I've learned is it all goes back to how you're taking care of your body. Some diseases are hereditary, whatever. There's all these ways to work

combos. Once you learn about them, but talk to them about eating right.

It's really hard because they're being bombarded with all these commercials of pizza, fast food, soda pop, all these things.. You see a KFC, McDonald's, Taco Bell, these kind of places. They'd rather eat there because it's instant food and they don't know or even think about if it's healthy for you. With my grandkids, I try to tell them, try to keep it down to have water. Go eat at a restaurant. Tell them, "You guys aren't drinking pop, you're drinking water." You try to give them a salad and they just look at it.

My granddaughter's getting older now, where she's concerned about her physique. She's at that age, where she's trying to look good. I told her, "Well, if you want to lose weight, stick to eating salads. Don't be going looking for the ranch dressings and things like that because that's a lot of calories. Go for some Italian dressing or vinegar, whatever and try to eat that way, so that way you're not still hungry." It depends. I think the girls are more concerned about their health than boys because the boys are physical. We can play and play and run around and not care, eat this, eat that. I'll burn it off, but the girls, they're concerned, I think, at an earlier age than boys are because they're role models. They see you looking good, wearing this, wearing that.

They see that. I tell my granddaughter, if you want to look good, then you have to eat good. You want to look unhealthy like some of these other girls that don't care, they're going to have problems down the road. They're young enough to lose weight if they want to because it's going to burn fast when you're young. When you get like say my age, your grandma's age, we have a hard time trying to lose weight even though we work at it. It's a lot harder. I say you can do it now if you feel unhealthy at 12 years old and you feel overweight, just change your diet and play more basketball. Start to lose that weight, but I think when they're like eight, nine, 10, 11,

they're not concerned for some reasons because bodies can eat anything, but as you get older into your teens, that's when you start to listen.

It's like when I used to teach artwork to kids. Nowadays they're more instantaneous because of the computers. They don't want to sit there and work around with a brush and paint because it's not going to come out the way they want. On a computer, whatever they want, it's already there. That's the difference. It's the same with trying to eat right. They don't like certain things and try to tell that's good for you. I think back when I was young I didn't like to eat beets or squash or things like that, but now I realize the quality of it for your health and want to eat more of it and stay away from certain things.

Once in a while, a bologna sandwich is okay, but some of this other stuff, we just have to eat it at the minimum, not every day like canned foods or whatever. [inaudible 00:30:29] it's the same thing. Almost every day, fried potatoes, fried spam, fried eggs. They maybe eat beans or whatever, but there's always fry bread. There's always tortillas with it. That's the main thing. You try to say, "Well, you should just eat a little bit," but then some of the people make real good fry bread, so you've got to eat more than one.

Once I learned how much calories are in those things, I tried to cut it down to just eat a quarter of the whole thing because there's a lot of calories. It puts on weight quick. Trying to eat it in moderation and trying to stay... Bread is one of the main staples and that's something you can't tell native people, "Don't eat bread because that's how we grew up eating bread, homemade bread, especially. It's hard too for adults. Kids same thing. It's how I guess you speak to them because they don't want to hear you say, "That's not good for you. That's not bad for you," whatever because they won't listen. They got their mind made up because the commercials tell them. They see it on TV. They go, "See, see."

I go, "Yeah, but look at what's happening. Look at our family. Look at how Uncle's not here no more. Grandmas not here no more. They had diabetes. They could have lived to be a longer life, but they were affected at an age." They're no longer here because they don't know what diabetes is. So, you have to explain it to them and they still don't get it. It's not until I say it's later than they see it. That's what I kind of notice. At this point in my life, I've grown through all that. Didn't listen when I was younger because then I was like, "Why should I? I like it."

Now it's different. I like it, but I have to eat a little bit of it. That's it. I still go through the same thing. When I lived in LA, you can have a good diet because you don't need to have a lot of this stuff because the market has everything that's good for you. You've got the health food stores that are beneficial. Here there are no health food stores. You have to rely on yourself. You want to rely on health, you got to rely on yourself to limit what you want and what you don't have, what you do have. It's either starve or whatever.

Still like I say, eat in moderation of what you like. It doesn't have to stop completely, but just eat a little bit at a time, not every day. When you have the urge to have a little bit of a pie or here there's a lot of buffets. I used to stay away from those places because once you go there, you want to try a little bit of everything. I still go, but I kind of just stick to eating salads because they've got a variety of salads. Maybe once in a while I'll have a steak or a hamburger, things like that, but not every day.

Then when I come back home, I get on the elliptical for a few minutes say, "I've got to at least burn 100 calories." Then I'm done, then it's like, "Well, that food's going to digest a little bit better." It's not going to stay packed in my stomach. It can settle there if you don't do nothing about it. We're used to going home, sitting on the couch, watch TV or get on our computer, get on Facebook or things like that. We sit and we don't get up. I've got my elliptical right here so I

get up every now and then and get on it for a few minutes, get back on and... Get some water, whatever, some lemonade and then sit down and go back and get the urge to go back to it again.

I just stay in here and put it here. It works. It helps. It does a lot. I never realized it until I was in the gym and I realized the first thing I got on was the elliptical. It was like 10 minutes of it and then I go through my routine of exercises and spend an hour, hour and a half maybe three times a week. It was okay then. Here, like I say, they've got a small gym, but it's like five miles away and sometimes I think, "I've got to go. I've got to go." Then after I'm done, it's like I should do this more often.

That's the joy of it. I think if a lot of these rural reservations would have a fitness center, I think that would really help, really benefit a lot of them. They have casinos. They got money. The cost of a fitness center should go along with it, the same with the hospital. They should have a fitness center where people go there to the doctor or whatever, go for a visit and they can go in for a little bit. I see a lot of these pedals they sell now, where you just sit, maybe 50, 60 bucks for those. I think those would benefit a lot of people that don't want to walk around, don't want to jog. You sit there and pedal for like 15 minutes. You're working your body a little bit.

"Hey, you could do this at home while you're sitting there and it'll help you because I was pushing a lot of stuff when I finished my diabetic prevention program, a lot of my friends were heavy. At first they got offended like, "Why are you talking to me like that?" I'd go, "Well, how long do you want to live?" That's the bottom line. If you continue living the way you're living, you're not going to make it to 50. If you make it to 50, you'll start having problems, health problems. Then you're going back and forth to the hospital. You do it now and you can avoid a lot of that.

When I go to the hospital now, it's just for a checkup. You don't have to say, "This is

wrong with you or that's wrong with you." That's how it should be because I see people at the hospital a lot. When I used to go, they're there for this, for that. I think, "Dang, what are you doing?" "I'm not doing much. I'm just sitting home." I said, "Well, if you're sitting home, there's things to do while you're sitting around."

I don't think anybody ever teaches it. I think they should teach a lot of these kids in school simple things to do at home. "Here's what you need to show your mom. Here's what you need to show your dad how to be fit or how to keep in shape." Some parents will listen. Some will just say, "Ah." But still, they can talk to them as they get older. They can realize, "Hey, this is going to help my parents." They have heart problems. Maybe stimulate that heart by moving around a little bit, straining yourself. Then we can avoid all this medication, things like that.

I think that had a lot to do with a lot of people how they're being affected, a lot of these rural hospitals. They're not really specialists like in Los Angeles. They've got doctors that are specialists in certain things. Here, you have a doctor that's a part-time veterinarian, part-time doctor.

That's what I'm saying, for the young people, like I say, it's hard to address issues like this. Unless they see how it's affecting their parents... Maybe they'll listen and say, "This is how you can help them. It's up to you. Otherwise, they're not going to be here next year or the following year or you've got to be driving them to the hospital all the time." Some kids and they want to help their parents and grandparents. By talking to them at an early age, it'll always stick in their mind, "Hey, I got to do this for them. Here's how I can help them." Part of it, how you speak to them at an early age, how you talk to them, show them things.

Everything is computerized right now. They could show them on YouTube, Facebook, all these, Instagram stuff. That's how they communicate. If they can get through to them with rap

music and things like that, there's a way you can get through with them health wise. It just takes people from their own generation to work at it with them because our generation, we didn't have all that stuff because we didn't think anything was going to happen to us. We thought we were healthy, vegetarians or whatever.

That was one thing that I did for a while, and I think that was the point where I think I lived the healthiest was when I went vegetarian for about six months I believe it was. I was like 40, went to the doctor, and he goes, "Hey, you got high cholesterol because of this, this, this." My friend that was a teacher, she was a vegetarian. I told her, "How do you do this? How do you start?" She started showing me, "Here's what you got to eat. Here's how you eat. Here's what you buy."

I started doing that. I went the vegetarian way, the weight melted off, but I wasn't exercising. If I would have, it would have really helped a lot, but I think part of it, it's the same thing. It's another way of living like a lifestyle where some people treat it like going to church. That's how you should treat your body is if you go to church, your body is part of the wellbeing of being a church within itself. That's how I look at it. We're our own church in our own mind, how we want to take care of ourselves. That's what the creator did. He brought us here, "Let's see what you can do with yourself and make it better for yourself and those around you. You can help them." That's how we have to look at it.

I try to do the best I can. I have my own ways and things I did that weren't good, but now I'm looking at it as something that I could turn around and saying, "This is what I want to do to help myself prevent this diabetes because it's a bad disease, but it can be prevented. You just have to work it. I think bottom line is people don't like to hear that word work. That's what you have to do. I started using the word challenge because that's what it is. You're challenging

yourself to do better.

As an artist, it's the same thing. I used to hear artists say, "I struggled and I struggled." I thought to myself, "Well, I don't like to use that word struggle." I said change it and say you were challenged to do it. You challenged yourself to do it better at it to be the best you can you have other things that you want to challenge yourself at. That's how you have to look at it. It's another way of thinking for yourself to do something. To me, struggle seemed like... I don't know. I just don't like to use that word, so I worked with some artists and they, "I struggle." I said, "No, you challenge yourself. That's another way."

It's a more positive way. You challenge this. You challenge. That gives you a motivation to get out of that rut of feeling, "I had to struggle." It's like, "Oh poor me, I struggled." No, you didn't struggle. You challenged. You were challenged to do this. That's how I use it now. It's just another play on words, but yet those words, they affect our mind of how we want to do things. I think that's part of what we have to know and realize that this thing can be worked at.

I want to do that here, where I'm at now with these people that live out here and slowly introduce myself into it because I see a lot of obesity here. I hear a lot of people say, "He was here last year and he had a heart attack. He's no longer here." I said, "What happened?" "He had diabetes." I said, "Well, too bad I didn't get a hold of him sooner. I could have worked with him, tell him what I did. Show him I'm living proof. I'm the same age as you. There's ways to work at it. There's ways to defeat it and make yourself better." That's how I see it. People don't think I'm my age.

I kind of think, "Well, I don't feel it either. I still feel like I'm young because I can still do things. I haven't really injured my body enough to where I'm using crutches or in a wheelchair. I think I injure myself more in a gym because I over challenge myself to do something as if I was

young. I would lift heavy weights with the young guy and injure my shoulder and my back and things like that. I finally realized, say, "Hey, I'm not that young anymore. I got to take it easy and just do what I can... push too hard thinking you're 40 years old or 30 years old. Actually, you can be 68.

Some people say, "Oh, that's old." I said, "No, it's not really. That's 40 years old. That's how I am. When I was 40, I felt young, but I started having health issues because of, like I said, my diet. I fixed it back then, so each 10 years, you've got to fix something. When I hit 70, I don't know. If I keep up this pace of what I'm doing with myself, 70 won't be so hard. It's just a matter of, like I say, stick with the program each day and strive for these goals. Challenge yourself more. You'll do fine. That's part of... Like I say, you've got to show examples to people that they can do these things. It's a challenge for them a lot of times. Like I say you've got not so much good food. That's part of it too.

You can't tell someone, "Live a healthy lifestyle when all they have is a trading post that sells canned goods, flour, sugar, things like that. You look at them, go, "What's healthy here?" Got to travel miles to go to the market and to bring back stuff. A lot of people don't have refrigerators or electricity, things like that, so they can keep their stuff fresh so you can only eat what you need. Good food maybe once or twice a week and then the rest of the time is the regular back to fry bread and beans. Beans are good, rice is good. Maybe some of the meat is good, but you've got to stay away from some of the other stuff, fry bread, tortillas. It's good to have it once in a while, but not to eat it every day.

But it's a staple to people that live there. Every day that's what they have if they don't have it, you go hungry. We were restricted by being put on reservations. You can't hunt like you used to. Everything's set up. These laws are all so I can only hunt at a certain time. You see

everybody else hunting, but how come not us? That was our way back then. You can't go fishing.

A lot of the lakes are polluted or contaminated. The rivers are getting contaminated. We don't want to eat fish out of there. That was our way. Now, it's like, "What do you do?" A lot of these lakes where they had fresh fish we used to go to, they're all contaminated with radioactive waste. That's going in our water table. The water that used to be fresh water is contaminated. That's another problem. People drinking it or cattle are drinking it. Then you eat the cows and the sheep, it was like that. They're contaminated so that's a whole nother ballgame worse than diabetes. It's something that's not going to go away.

Diabetes is kind of like another thing they got to worry about. Can't talk about it a lot of times to some of the people because it's like, "Well, our water's messed up." You can't say move because where are you going to move to? Even some of the cities are contaminated. Los Angeles is. There's a lot of contamination going on over there. People don't know it or they don't care because they don't think about it. So, it's hard. Some of the lakes were contaminated, some of the rivers. There used to be a lot of fishing here. Someone said, "I wouldn't go there. It's messed up with water now." Where do you get your fish?

We got to go miles away to catch fish. There used to be a nice lake over here nearby here. You could catch fish. Now they say, "Don't eat that fish." A lot of fracking going on here. That messes up the water table. That's what's bad almost anywhere you go. Fresh stuff going on. Prefab almost. It's a scary world we're headed too. We're trying to maintain our health. People aren't concerned about diabetes as much anymore because they're saying, "Oh, we got this COVID thing going on." There's a lot of fear being put into us.

Sometimes you have to try to sidestep it and think, "Wait a minute. If we don't have it right now, then meantime, let's work on trying to eat right because if you don't strengthen your

body, this COVID will take you down fast. You got to push that point across. Try to eat healthy and do healthy things and it won't be as bad. You're just sitting around, be lazy. You catch some disease. It'll take you down. That's another thing. That's what diabetes does. It'll take you down quick. I've seen some of my uncles that were healthy when they were young and then when grandma said, "Early in the morning, I used to run 20 miles and come back." They all played sports. They all went in the military things like that.

Then I see them when they came back, older than me when I was a kid. A lot of them started getting involved with alcohol. I didn't realize how bad that alcohol contributes to diabetes. They don't tell you that. That's the main thing. You never see anything about that. I was talking to my former director who talked about diabetes because he had diabetes. We talked about the alcohol that affected our people and how these young guys were dying in their 50s or catching diabetes in their 40s and 50s, dying before they hit 60.

They drank and drank. I said, "Well, they don't talk about how that diabetes if you have it and you drink, it'll take you down quick. Nobody ever told them that. They just think, "Oh, I need a drink." I have to get rid of this PTSD," whatever. It has a big thing about it. Telling them about alcohol that it'll cause diabetes because it's never really been brought up that I know of. Did my own research about it, see how it affected my family. They were involved with alcohol and how diabetes affected them later and they still continued to drink until they messed up their insides. Then they passed away at a young age. They don't say it was alcoholism. No, it was diabetes, heart disease, things like that.

I think that should be brought up to the young people. This was what's going to cause diabetes down the road, whether you want to believe it or not because all the compounds and there's a lot of sugar. The way they told me about drinking beers and whatever, like, "I'll live a

long ways, blah, blah, blah. Be a hero," and stuff like that. It's how it makes you feel, but when it takes you down, it takes you way down. It's hard to recover at that point. You have to really work at it to do it. I've only seen a few people that really have worked on it to revive themselves back, but still, they have problems.

I encourage a lot of them. "Just stick with it. Keep at it. Don't give up." We're not made to give up. We're made to fight. We never ran away from our homeland so don't run away from this." That's how we are. They don't hear about that. They think, "I'm going to Canada, this," and I go, "Why you want to go there? They're having as much problem as we are."

Like I said, to the young people, you've definitely got to figure out new ways. The only way is if you talk to the young people and ask them questions about it like, "How can we get through to you guys now? What's it going to take for us to send you this message so you can tell your friends?" And things like that. They watch videos. That's how they get the message to them. To us, we're obsolete. They don't listen to us. "You guys are old."

But I don't give up. I still talk to my grandkids try to tell them what not to eat. Then they look at me as the bad guy. I tell them, "No." I said, "No. I'm just trying to tell you don't drink a pop every day. Drink some water in between. Don't eat candy every day or chips every day. Use it as a means of comfort food at the end of the week after you accomplish something. Then you can have some, but not every day because at the end of the week, there's no accomplishment. You just figure, "I want more. That's how I'm trying to do it. Take you guys to the movie if you guys do this, this, this." I have them work on it. I have them work on it, mow the lawn, get out there and do something. Get off your X-box for a while. Get off the computer. Go for a walk or rake some leaves. Go walk the dog.

Yeah, when I was a young age, I don't know. It was different because there wasn't that

much of a problem with it. It was there, but it wasn't sort of brought out. It just, "Oh, they had diabetes," and I would say, "Oh okay. Like somebody having a cold? As grandma passed away, grandpa passed away, "What happened?" "They had diabetes. Had a heart attack." They were two different things, but we couldn't connect them together, one causes the other like a domino effect. That's what we're trying to teach them, but it's difficult. That's another challenge. I kept saying in my life to them is to have them realize that work with them on it.

Then maybe they'll get it, but it's not easy. It's not an easy thing to do because before they listen to me that I'm here with them every day. To them, it's like, "He's going to tell us that again." Go in the room and stay there. They don't come out. When it's time to eat, they see what grandma prepared for them is healthy food, so they go, "I don't want that. I want this." I said, "Well, either that or starve."

That's all the information I've got on that because every day is different. We don't know how it's going to go.

All I do is work on what I have for me and hopefully they see that what I'm doing is benefiting me. It'll benefit them in the long run.

Yeah, it's difficult for them too because it's like people don't want to really talk about it in a way. It's like a hidden secret that they have. When I was the diabetic prevention program in LA, these medical people from Shiprock, they came and did short videos. They showed us all these different videos from different reservations that they made where the people there... The people that were in the program. They made their own little documentary of maybe two minutes of their reservation, what they went through. You see these little videos of what they went through.

One lady was doing one in Arizona. They show her sitting there as she put out flyers, all

this sort of stuff saying, "We're going to have a diabetic prevention talk about this." They showed her sitting there. Chairs were set up, tables were set up with all the information. Then she's the only one that's there. Nobody showed up. I started thinking, "If you want people to come out to something like that, the only way to get them out there is to have food."

They're not going to just want any other food. They're going to want donuts, cookies, Kool-Aid, stuff like that. Stuff you're trying to get them away from, but that's how you're going to draw them in is to have something for them to eat or whatever to go there. That's the only way. You're trying to tell them, "Don't eat this, this," then you're sitting there eating it. It's like you're defeating the purpose. That's the problem at these rural areas. Even where I worked in LA, we had potlucks. People would bring different foods, and for some reason they always had the dessert table first. When you line up, you can have your entrées, usually desserts at the end, but they had it at the front.

I asked the lady, "Why do you guys keep having it at the front?" He goes, "Well, if you don't, then they're not going to eat that other stuff. They want to get their share of cookies, some pie and cake. They sit and then they'll go get roast beef or stew or beans or whatever. They want to make sure they get theirs first. If you put it at the end, they don't want it.

They go, "No, they won't come out." It's something new with just what's good for them. You can bring healthy snacks, but people don't go to these things just to snack. They want to leave with a full stomach because that might be the only thing you're going to eat that day. That's the difference. Some of the other things we did in LA, they had snacks, but then a lot of times when they bring out the pizza, everybody comes out. Everybody's there.

Energy bars and carrot sticks and things like that, you're not going to get the people. That's what I noticed. It's like in order to try to get people on the res to go to these things, they

just won't do it unless there's food. That's how we've always been. You have a gathering, people are going to bring food. It's like anything. Even growing up, we'd go to church. In the church, in the afternoon or when noon comes around, then you had the stews and fry bread. That brings the people in. They're not really listening to what the pastor is saying. Everybody is smelling the food back there. It's at the back. They're waiting.

Then the guy up there says a prayer at the end, and he's dragging on, dragging and we're saying, "Hurry up, hurry up. People are hungry." They said, "Why did they do for?" I asked my grandpa, He goes, "They don't want people to leave. That's why. They don't want them to start lining up right away. They get antsy and stuff." It was kind of funny now I think about it, but that's why they did that. They didn't want them to... Make sure you hear the message. Then you can eat. Then everybody had a good old time as they were chowing down, fry bread, beans, stews whatever and go their merry way until next Sunday and then they come back again. That was in a rural setting. That was in Crownpoint where I grew up, little town of maybe 1,000 people at that time.

Any gathering you had, if there's no food, nobody goes. That's how it was. Even the bingo games at the community center, we used to have an afternoon. All the ladies would bring pies, cakes, cookies, Kool-Aid, fry bread, things like that. Then people would come. You didn't have it, they're not going to show up. Some of them because they're not going to get the same meal at home, but now with the casinos coming in, things like that, you've got these big buffets. They've got everything there. People go there for their dinner a lot of them. It's back to the old thing. They're not going to go unless there's no food. Now, they've got to pay for it. Some of the food's pretty good actually. I know some of the pow wows in California that were sponsored by some of the casinos during the 5:00 feed, they would bring all the food out just like they had in the

casino, like a buffet. See all these people line up getting all this food, as much as you can eat. People go two, three times. We went. I go, "Wow, this food's pretty good." It was the same thing they gave at the casino.

When I first went to LA in '72, I didn't even know some of these tribes existed. Never heard of them. They were abundant, but they weren't selfish because they knew what it was like to have nothing and then give back to the community, give back to the people saying, "Now, we got all this money, casinos. We want to feed you. We want to feed you good. That's what they did. People came to eat, came to your pow wows and all because that was how they treated people good. In the beginning they had little pow wows, hardly anybody would show up because it was sort of like, "Oh, just dancing and singing. Fire bed boots around and stuff.

Some of them at the big casinos, they fed everybody. Didn't matter. They fed you good. I don't know if they still do that now, but that was maybe 45 years ago. I used to go to a lot of pow wows out there because I was selling artwork, T-shirts, things like that. I was a vendor. Some of my friends, go, "Hey, do you want to eat a good meal? Let's go to this place." I've never been to pow wows. "Oh, okay." They wait around and dinner time and go over there where all the people are lined up. They go, "How much can I eat?" "Eat as much as you want. Eat all you can. If you don't eat it, then they'll put it away." They chowed down a lot of them. They'd go, "Man." These people, I could tell they got diabetes. They weighed 300 pounds and they're walking away with two plates of food.

At first, I was kind of just eat a little bit. Finally said, "Heck, I'm not going to eat like this all the time so get some fried chicken, mashed potatoes, a lot of veggies. Throw a fry bread on there and then the dessert table, pies and cakes. The good stuff, not just stuff you buy at the store. These are made by chefs. The food was good. We had coffee. Excellent coffee. I said, "Wow, that

is good coffee." Have a good pie with it. It's hard to say, "Oh, I'm a diabetic and I can't eat this, and it's right there in front you like that free." That's the thing . If you put it out there in front of somebody like that, they can have any kind of disease. They'll eat it because it's there. It's right there in front you.

You're not going to turn it down. You might drive home think, "Oh, I should have that. I should have eaten there." I don't know if they're still doing that now because of all this COVID thing shut a lot of pow wows down.

They have diabetic prevention programs. I think some of their IHS, but like I say, it's hard to convince the people. You've got abundance of food, good food, you're trying to tell them, "Don't eat this, this." That's the whole problem. To me, I think if they had a fitness gym alongside all of this, where you can go there and work some of that food off, get in a regimen of working out regularly, get fit like the way our people were years ago when they weren't sick with all this stuff. I think about that. I see pictures of 1800s. You never see any fat Natives.

They were all thin. Everyone was fit, healthy. Now you see people at pow wows. They're obese a lot of them. You know that they eat a lot of fry bread. I got relatives that eat a lot of fry bread. I used to eat a lot of fry bread, but somehow I didn't want to get too obese so I kind of did stuff to work at it. Well, not just like that. I felt bad when I grew up with my grandparents and you'd see them shooting up with insulin. I look at them, "Why... Because I hated needles when I was a kid. They go, "You don't want this otherwise you got to do this yourself." That was always in my mind, "I don't want to get no shots.

Line us up and go to the IHS. "What are we going there for?" You see little boys, girls walking out holding their arm, crying. See these mean nurses with needles. "Next."

It's like, "What are they giving you? What are you giving us?" That was how we grew up,

see that stuff being actually in it. That was how it was. I don't know if it's still the same. You were experimented on I think. That's why we're given bad food. "Oh, put them over there in the reservation and give them, this, this. That's it while we're over here eating all the good stuff. They're over there eating that stuff. Give them a little clinic to... Stuff like that." It's still going on. It's still happening. They made some good hospitals, but I think the quality of health care isn't how it would be in say LA.

You got these doctors that they're there to... Actually, they're from the navy, these IHS. They're medical doctors from the military. Maybe some are, but they're only there for a short time to do their duty, then they move on. You're not getting the same doctor. Year after year, each one's going to tell you something different. One year, I went to get signed in. They started trying to tell me, "I think this is wrong with you because you're at this age." I go, "I don't think so. I don't have any problems. I don't have... There's nothing wrong. I've been taking care of myself." When they couldn't find nothing wrong with me, they kind of blew me off.

That was weird. I thought, "Wow. Penalized for being healthy. They can't find nothing wrong with me except this prediabetes, but I'm working on it. Working at trying to not get it full blown. I don't want no insulin, things like that." I kind of work at trying to stay on a good level. I don't want to be having bad teeth and things like that. It all works. They fix your body. Eventually if I gave... started drinking a pop every day, burgers and fries, then it would hit me. I don't want that because I don't want no heart attack at a young age. I got these young kids rely on me to be there for them. My parents were unhealthy when I was their age. They're still going through health problems and they don't see me with health problems, so that's the difference there. They see me maybe grouchy once in a while but that's about it.

You just have to work on it harder. You just have to work and figure out ways to get the

message across to them that this is to benefit them in the long run. This isn't just some set up meeting to talk to you. This is what we're trying to help you. If you have a problem with your health, if there's diabetes as part of it, we're trying to help you, help you help yourself to... You'll make yourself get better and feel better. Try to get your family involved in it because nobody else is going to do it.

I don't think the doctors and nurses are trustworthy. It's hard for our people to trust in non our own kind, that are not our own kind. We don't trust them. They don't even trust themselves sometimes. You have to work at it, figure out ways, strategies to work with them just to get it across, like I said. Those digital story telling we did.

How they affected them, things like that. I think by looking at those, some of them are... make people cry because they could hear their voice. You hear their feelings of what they're going through of how they're trying to deal with it. It's like almost every reservation has the same deal. They're the same stories, but then coming from different people, it's like, "Wow. That's my aunt or that's my grandma or that's my... Whatever. They're good to watch. That was part of that group from Shiprock they were doing. They taught us how to do... Pretty soon, I was teaching people how to do it with sessions. I want to try to do it out here and see if I can have them do it, have them do it and show them some of what we did.

That way they can see it. Because if the message don't get out, that's our way of doing it I guess, but if it doesn't get out there, they're not going to know. Then we think, "Oh, it's just us. No, it's not just you. It's all over. Ever reservation has the same problem. It's just that how you want to deal with it with them, how do you want to go about it. That's the key is how to get that message to them to realize, "Your life is at stake with this stuff." If you want to get better, hear yourself, heal yourself with it, this is what you got to do. It's not a easy thing to do, but like I

said, in the long run, it is. It helps you in the long, not just this quick fix, but it helps you if you try to just keep working at it, working at it. Don't ever give up because that's how our ancestors were. We never gave up. We're still here. We never ran.

We're still here. Everybody else is coming here, but us, we're still here. We're not going to Europe. We're not going to Asia, Africa or wherever. We're still here. This is our home and it always will be our home. If they want to come to our home, then they have to respect it.

That's what it is. You respect yourself. We had to work to build ourselves to be strong again. Taken down by diabetes, to me, it's like giving up. You don't want to give up. We never gave up. Look at all the chiefs, they fought for us. They didn't give up. That's how we have to go about it. You have to go down fighting. That's what we have to do. That's how I look at it. That's what I want to do. I want to go down fighting against this because it's not good for our people to let ourselves go like that and just go by the wayside. No. I didn't give up.

Fight it, but yeah, I appreciate doing this for anybody that's listening. What I'm saying is coming from me, from my experience and what I lived through, what I'm still living through and what I'm still going ahead to fight this and do it for young people because they're generations behind us. We have to show them that, "Don't ever give up. Just because you're Indian and got name calling. That's nothing. That's just name calling. I went through all that crap. It didn't stop me from going forward. I appreciate you allowing me this chance to give you my message, whoever's listening out there. I'm not making this up. There's no script.

Interview with (Participant AA)

Okay. My name is Tiva. I am, uh, 30 years old, and I am registered Eastern Band Cherokee, uh, Wolf Clan, and also have a bit of Washoe in me from my mother's side.

Um, I would find it very important because we have, um, traditionally eaten a lot differently than, um, you know, than, than people eat today. We, um, ate things a lot more close to the land, and now there's a lot more refined foods which, um, which have already been proven to cause a lot of health problems.

Going about it and giving, um, giving us information in certain ways that we don't understand is also something that I think kind of, you know, helps the, the gap get bigger between Indigenous health and, you know, western health.

That's a little bit of actually, um, untrue that I found now. Um, oh, I feel like it's, um, I, I shop, um, decently healthy at health food stores and I found that the, the veggies are actually very inexpensive, even the organic ones. Oh. And if you are able to go around to the bulk section of like grains and everything, um, you know, rice, lentils, um, that, that they're actually very decently inexpensive too. And I think that's, that's a big thing we need to focus on with, um, with people that are attempting to get healthy because they get deterred because most people do think it's very expensive and there are some expensive oils and certain things that people like you to have, you know, in your diet. Um, but overall, I've found that as long as I am spending a decent amount on my, like olive oil and, you know, coconut oil and having those, and those last longer, the actual foods are really not as expensive. And I've had to reteach some of my friends that as well.

Yeah. It's, it's a deterrent for a lot of people that, you know, that don't have the financial capabilities.

Uh, I was diagnosed when I was 18, so. Okay.

All I knew was that it was on, um, on both sides of my, you know, my mom's side and my, my dad's side. Their grandparents, uh, both have it, my grandpa on my mom's side and then my

grandma and my grandpa on my dad's side. Um, both had it, um, and I didn't, I didn't know it beyond it being a disease that was really prevalent in Native American communities. And when I got diagnosed I didn't realize that I was having all the very typical symptoms, but I just, yeah. I was, had no clue that it was actually, it was very obvious for them to see that I had diabetes.

I was very dramatic and, um, scary. Um, because because of how high my sugars were, they assumed that I already knew that I had it. Oh. Um, the sugars were up to, in like the 400 s um, you know, in, in a regular range is anywhere from like 90 to one 20. Yeah. And, and so I, you know, my vision was blurry. I was really nauseous and I was unbelievably dehydrated and because of just not having the knowledge of it, I was drinking a bunch of Gatorade to try to, you know, and dec Gatorade with sugar in it. So little did I know I was actually making the problem worse.

Yeah. And so, I, it was, I had to be taken to the hospital right away and they said, honey, have you had your insulin shot yet? And I said, what, what are you talking about <laugh>? Like, I've never even, I don't even fully know what that is. And then they had to completely educate me and I had to hospital stay for a week and yeah, it was, it was really dramatic.

Uh, type one diabetic. Yeah.

You once regulated by a pill and you can actually get down to, if you're, if you're strict enough with yourself, you can get it down to what you're doing with diet. Yeah. And I was told that because my pancreas doesn't produce any insulin at all, so any type of sugars that I have has to be accompanied with an insulin shot.

Ions for your healing? Yeah, it was, um, yeah, I, cause I got diagnosed when I was 18 and I was actually out of the house. I'm pretty much doing my own food by the time I was 16. So, I had like these bad eating habits already kind of instilled in me. Yeah. Um, and so when I, yeah. When I

found out it's just food has been the center of my, of my world, regardless of whether it's good food or bad food, cuz whatever. And this I think is with everybody, but especially with diabetics, it's a lot easier to tell, you know, food, whatever you put in your body is going to have some kind of reaction.

Mm-hmm. <affirmative>. Exactly. Yeah. And then the carbs themselves turn into sugar in the body, so then you gotta count for that as well.

Exactly. I have to do a shot every, every time I eat. Mm-hmm. <affirmative> and at one point I was doing, um, insulin shots. Uh, they, they have long acting and short-term and so short-term insulin is what you take right. Before you know you have a, have a meal. And then the long acting would be, um, at night if you have an issue with your blood sugar rising during the night. Oh wow. Um, hopefully I've been able to kind of deter that a little bit with a, with smaller meals, um, closer to evening and trying not to eat right before I go to sleep, even though that's a struggle for me too. You know, it's, um, di diabetes is very closely, you know, in line with food addiction.

Well, it's um, it's kind of a, like a rollercoaster. Um, because there's times where, where I'm very in line with, with my diet and there's times when I'm, you know, really good at my exercise and there's times where they do converge and I feel like I'm on a very big upswing. Um, but then other, you know, other life things happen and maybe, you know, maybe a little bit of depression can happen and it just dips down and don't watch my diet as much. And then, you know, from not watching my diet, not wanting to go out and exercise cuz it's a little bit of a harder push when you aren't feeling well. Right. Um, so it just, it honestly, it really just depends. It is, it is a constant daily struggle to, you know, especially when you are, are a young adult and you get to pick, you know, do I go stop at the fast food because it's really convenient and it's

right there? Or do I go home and cook, you know, stuff that I've bought myself. So, it's, it's just, it's a struggle each way. And I think everybody that I've met that does have diabetes is, uh, they say the same thing. They're like, at times I'm great and I've got my health super in line. And at other times, you know, it's, it falls and it, it shows very, very quickly <laugh>.

Um, well, okay, so what I would say is that I've personally never had that struggle. Um, only because I, the reservation that I grew up on is right on the outskirts, you know, or I mean, is right next to a town. Like literally the street over stops the reservation and then the town is right there. So, from a personal experience, um, I've never felt that. Um, but I have been to certain reservations yes. That are very desolate, very away from everything else. Um, and I think one of the biggest things would just be, um, I mean maybe growing, you know, maybe growing food and, and trying to get the community together to, um, to become a little bit more, you know, self-sustaining. And it does take a lot of work and it takes a lot of, um, the, the one thing is, is that it, it might take a little bit of outside help, which I know is not a, um, is not something that a lot of <laugh> a lot of, you know, um, at least that, that I've met in my experiences at Natives and even myself. You know, I don't really want a lot of outside help, um, because of, you know, because of hurt that is, that is around us. Um, so, so having, yeah. I mean having a garden and having the, um, I don't know, somebody teach, you know, teach to be a little bit more self-sustaining I think would be ideal. But again, it's uh, it, it would, it would take the want from those communities,

I, I think it would come from instilling, um, education, but first through maybe, um, showing, I don't know, help helping people get back to their culture. Um, I was just up at a retreat with my mom for, um, for a group, um, and, uh, and it was, it was really beautiful to see everybody. There was a language class and, um, you know, and, and people talk and people just talking the discussion about our culture and it really helped me feel a sense of, uh, a sense of

purpose and in intern, you know, and in turn made me feel more confident. And when I, I think when you start feeling more confident in yourself and, you know, we have such a strong culture and when you start grabbing onto that, then it does make you question other, you know, other elements of your life. And part of that is health, because if you're not taking care of your body, your body's gonna break down and then you're not gonna have the energy or the inspiration, you know, to, to further your community. Right? So, I think, I think it does start with instilling, um, and us and us all getting back to our roots and you know, like I said, having a, having a sense of purpose is there's a lot of young people that don't really know what they wanna do with their lives and, and be included. You know, I'm 30 now and I still don't quite know what I wanna do. <laugh>. Yeah. So, I, yeah, I I think it comes with an instilling culture and then education.

The institution and I dropped out <laugh>, I couldn't learned that way. And then I did, you know, I started doing work, um, traditional cultural work with, uh, with my family and I mean that's, that's helped me out immensely. Like it, I, there's nothing that can compare to, you know, just going and sitting in a desk and trying to learn something and that, you know, it, it, it doesn't work that way and it does for some people. Yeah. But I know it works for most, uh, for most, you know, deep Indigenous people because that's not how we learned, you know? Right. And those aren't, you know, those aren't values that we've, you know, been instilled over hundreds of years. It's been, you know, it's been how to live with the land versus what we can get out of the land.

Hopefully there's several stories or you can say like, okay, this person did this and maybe that doesn't look like how I want my life to turn out. And then, you know, yeah. Another story of being like, wow, this person is like still going and still vibrant and um, yeah, I think, I think that's a really good idea.

CHAPTER 7

Analysis and Discussion

(Compilation of Narrative Profiles and Medical Science combined from An Anthropologist's perspective via culture, environment, history, and economics)

One must consider a cultures' way of living, the environment they live in, their history, their economic resources, and their most effective way of learning. This research was about diabetes prevention strategies among the Diné people. The two most effective forms of diabetes prevention are a healthy diet and exercise. This research looked at different areas of information and conducted interviews with Diné adults to help create a fund of knowledge of how to implement these strategies, and to use these strategies to lower their extremely high rate of diabetes among their population. This provides a means to implement these helpful strategies from their own people's perspective while still making use of the Western science.

Introduction

This study explored the diverse range of data gathered from participant interviews, which led to the development of narrative profiles, and study findings with the goal of addressing issues concerning diabetes prevention tactics in the Diné community. Using an anthropological approach, the study aimed to investigate how culture, environment, history, and economy affect health practices (Poudel et al. 2018). Critical insights that illuminate successful strategies, obstacles encountered, and prospects for developing culturally sensitive diabetes prevention programs became apparent as the stories and responses were analyzed. Besides outlining the research goals, this critical analysis emphasized the importance of cultural context in preventative strategies. The following analysis shows the complicated linkages between lifestyle

choices, cultural influences, and the overall strategies needed to reduce the prevalence of diabetes among the Diné. This research sought to understand the many causes of the high diabetes rate of the Diné. The study analysis consisted of an extensive examination of participant interviews, the development of narrative profiles, and data analysis to identify historical, cultural, and environmental influences on health-related behaviors. The study's findings reveal the community's diabetes determinants and emphasize the need for culturally appropriate interventions.

Cultural Context for Diabetes Prevention

It is impossible to overestimate the importance of cultural environment in the prevention of diabetes. The results show how important a role cultural norms, customs, and storytelling have in influencing the Diné community's dietary preferences, way of life, and general well-being (Carlson et al. 2018). The need for interventions that respect and include these traditions is highlighted by the critical analysis of participant narratives, which highlight the significant influence of cultural practices on health. Each conversation critically assessed how modern influences and traditional practices interact, pointing out possible areas for focused interventions which can create a balance between current health concepts and cultural heritage.

The narrative profiles demonstrate how culture has a significant impact on the Diné community's health habits, lifestyle decisions, and educational strategies. Deeply ingrained in the participants' stories, cultural identity emerges as a pillar influencing dietary habits, norms surrounding physical activity, and attitudes about health in general. The oral transmission of knowledge is one example of a traditional practice that is deeply ingrained in the society, highlighting the importance of preventative programs for diabetes that honor and consider these cultural norms. The stories emphasized how any action that ignores cultural factors runs the risk

of being ineffective and possibly creating resistance and opposition.

Overview of the Chapter on Analysis and Discussion

This chapter functions as a space for critical thinking in which conclusions are refined, examined, and combined. It provides for a serious conversation on the intricate relationship between various factors the Diné community faces relating to diabetes. Rich in human experiences and cultural ideas, the narrative profiles provide moving examples that bring more general debates to life. The chapter aims for a critical analysis that delves into the nuances of cultural influences and their consequences for effective diabetes prevention, going beyond the simple memorization of facts and findings. This analysis dives deeply into cultural factors, customs, and the need for cultural sensitivity in the development of preventative tactics in the parts that follow (Carlson et al. 2018). This critical analysis also highlights the necessity for actions that are in line with the Diné people's way of life and acknowledges their unique cultural environment. The goal in conducting this analysis is to aid in the creation of diabetes preventive plans that are both successful and rooted in the culture of the Diné people.

Cultural Considerations in Diabetes Prevention

Impact of Culture on Lifestyle Choices

The results of this study within the Diné community shed light on a number of important themes, one of which is the impact of culture on lifestyle decisions. The choices and behaviors of each individual are influenced by cultural norms and traditions, especially when it comes to health practices. Through participant accounts, the emphasis on storytelling highlights how cultural values dictate everyday routines, such as the importance of prayer, getting up early, and taking care of animals. These cultural customs influence physical activity and general well-being in addition to strengthening a person's sense of self. The testimonies of the participants clearly

demonstrate the interaction between cultural customs and eating habits. The focus on traditional foods cultivated in family gardens and the ownership of animals emphasizes how important cultural practices are in influencing dietary choices. Furthermore, the analysis critically examines the difficulties presented by the changing modern lifestyle, where sedentary behaviors and access to processed meals forces many to deviate from customs around food and contribute to the rising diabetes rates.

Traditional Practices in Health and Wellness

The Diné community's continued reliance on traditional medical practices is evident in the analysis of the narrative profiles. Conventional approaches, such as the transfer of knowledge through storytelling, become essential components in fostering health and well-being. Individuals such as Beau ***** serve as prime examples of how contemporary farming methods are combined with traditional farming methods. This synthesis emphasizes the value of ancient knowledge in encouraging better lifestyles by demonstrating how adaptable it can be when adapted to modern settings. Traditional taboos, such not jogging or whistling at night, are incorporated because holistic health care considers both spiritual and physical aspects of well-being. Beyond conventional biomedical viewpoints, this analysis critically examines how these historic practices add to a more holistic knowledge of health.

Incorporating Cultural Sensitivity in Prevention Strategies

Upon closer examination of the data, it is clear that any successful diabetes preventive plan needs to consider the Diné culture. It becomes clear that cultural awareness is essential to effective interventions. The analysis emphasizes how important it is for health efforts to respect and adhere to traditional values to increase the likelihood that community members will become engaged with prevention strategies. Furthermore, the study's conclusions support cooperative

strategies that make use of both Western and traditional knowledge systems. Participants such as Beau ***** have indicated that incorporating traditional storytelling into health education programs is an example of a culturally sensitive approach to knowledge transfer. This method seeks to bridge the gap between Indigenous customs and contemporary healthcare, acknowledging the influence of cultural practices in determining health behaviors.

The chapter on analysis and discussion sheds light on the significant influence of culture on lifestyle decisions made by members of the Diné community. This study establishes the foundation for knowledgeable, culturally appropriate treatments targeted at reducing the prevalence of diabetes by recognizing the complex interactions between cultural values, traditional practices, and the necessity of cultural sensitivity in preventative methods.

Environmental Factors

Understanding the Diné community's health dynamics requires taking environmental elements into account. This section addresses the difficult balance between traditional and modern environments for supporting community health, critically evaluates the impact of living conditions on health outcomes, and investigates the availability of health services within Indian Country. An important part of the Diné community health picture surrounds the issue of the environment. One major difficulty that arises is access to health resources, especially in areas where there are reservations. The results show that living conditions have a direct impact on health outcomes, and that the diabetes epidemic is exacerbated by limited access to wholesome food and medical care. It is clear that there is a careful balance to be struck between traditional and modern settings for health. Participants demonstrate a desire to maintain traditional customs, yet food habits and physical activity levels have changed as a result of modern living. Therefore, while designing interventions, it is important to consider the environmental factors that influence

the prevalence of diabetes.

Influence of Living Environment on Health

The investigation emphasizes how significantly the living environment of the Diné affects health-related behaviors and results. The results show how geographical regions, accessibility to medical facilities, and the prevalence of diabetes are intricately related. Examining the differences in living circumstances between reservations and non-reservations helps identify the environmental factors that lead to health disparities. This section provides insights into the environmental elements that influence health outcomes by closely evaluating the relationships between housing, sanitation, and general well-being.

Access to Health Resources on Reservations

The topic of availability and accessibility of healthful options within reservations is also covered. Analysis of the infrastructure, healthcare system, and availability of nutrient-dense food options clarifies the obstacles the Diné population faces in leading a healthy lifestyle. A critical assessment of the available resources highlights possible areas for development and illustrates the necessity for focused action to improve access to resources that promote health in reservation contexts.

Balancing Traditional and Modern Environments for Health

This section's main focus is the delicate balance that must be struck between traditional and modern settings in order to improve community health. The results clarify how cultural customs and modern living environments interact to influence health decisions. The analysis traverses the opportunities and problems given by the coexistence of traditional practices and new influences through a critical lens. This balance is examined as a potential threat because modern lives bring health problems, yet there is a source of strength in maintaining cultural

identity. This critical discussion offers strategies for balancing traditional and contemporary components to create a setting that promotes well-being.

Historical Perspectives

This section explores the historical factors that have influenced the way of life and health care practices of the Diné. In utilizing narrative profiles as a source of information and analysis, the study reveals the lasting effects of historical occurrences on health behaviors, such as the forced incarceration at Fort Sumner and the subsequent return to Navajo territories. A more complex picture of the relationship between past hardships and health decisions is revealed, providing insight into the adaptability and resiliency of the Diné people in the face of adversity.

Inter-generational Transmission of Health Knowledge

One important component impacting diabetes preventive methods is the transfer of health knowledge across generations. Narrative profiles offer insights into the generational transmission of health practices. The analysis traverses the complex network of cultural teachings and familial traditions that support the dissemination of health knowledge through familial narratives. This investigation delves deeper into the topic, revealing the communal knowledge ingrained in the community's past experiences and its relevance to contemporary healthcare methods.

Using Cultural Heritage to Shape Health Narratives

In order to understand how historical legacies continue to influence views of well-being, the intersection of cultural heritage and health narratives is closely examined. The investigation emphasizes how cultural heritage shapes community attitudes towards preventative healthcare practices, shapes health narratives, and influences dietary choices. This section sheds light on the challenges of navigating health practices within the framework of a rich historical tapestry by critically evaluating the ways in which historical experiences are intertwined with cultural

identity.

Economic Resources and Health

Relationship Between Economic Factors and Health

This section examines the complex relationship that exists between economic conditions and health outcomes among the Diné people. Results from narrative profiles highlight how differences in financial resources affect people's decisions about their health. The approach sheds insight on the economic foundations of diabetes prevention by rigorously assessing the interactions between financial opportunities and limitations in positive health-related behaviors.

Inequalities in Socioeconomic Status and Diabetes Prevention

Narrative profiles offer significant insights into the ways in which socioeconomic inequities impact efforts to prevent diabetes. This section critically investigates the ways in which disparities in access to opportunities for physical activity, wholesome eating, and healthcare are influenced by economic variables (Throop, 2017). By revealing the socioeconomic determinants of health disparities, the research uncovers the systemic issues that will require focused interventions to address the root causes of diabetes, and to promote equitable health outcomes.

Developing Economic Capacity for Improved Health

In order to improve health outcomes, the discussion turns to ways to economically empower Diné communities. This section suggests methods for promoting economic resilience and eliminating current inequalities, building on the findings. The analysis promotes holistic interventions that address both the current health needs and the underlying economic variables driving community well-being by bringing economic empowerment and health promotion at the same time.

Learning Approaches

Traditional Oral Transmission of Knowledge

Results from narrative profiles reveal how important traditional oral knowledge transmission is to the Diné people. The narratives underline how storytelling serves as a foundational way for educating folks about cultural traditions, including those regarding health and well-being. The analysis assesses this traditional method of instruction critically, acknowledging both its potential to support health education initiatives and its deeply ingrained relationship to cultural identity.

Diabetes Prevention Education in Western Countries

The study provides insights into how the Diné community has assimilated Western teaching practices for diabetes prevention in contrast to traditional approaches. Narrative profiles illustrate instances when formal education, such as that gained by Beau *****, has contributed to a hybridized approach to health procedures. The investigation examines the intersection of Western educational paradigms and Indigenous knowledge, revealing areas of synergy and potential challenges in finding connection between the two ways of thinking.

The Interactions Between Scientific and Cultural Learning

The discuss further examines the connections between cultural and scientific learning in the context of diabetes prevention, building on the information presented in the narrative profiles. Through the examination of cases in which individuals such as Beau ***** effectively integrate conventional methods with contemporary scientific understanding, the research reveals possible directions for developing all-encompassing health education initiatives. The potential for difficulties when combining scientific and cultural methods to improve the efficacy of diabetes prevention tactics are evaluated.

The Role of Diet and Exercise

Customary Foods and Their Impact on Health and Well-Being

Rich insights on the influence of traditional foods on health outcomes among the Diné people can be gained from the narrative profiles. The study explores the eating habits described by subjects such as Glen *****, looking at the benefits of sticking to a traditional diet for overall health and well-being. Considering both the cultural and nutritional value of traditional foods, the investigation critically assesses their impact on preventing diabetes.

Including Conventional Foods in Contemporary Diets

Analyzing how modernity and tradition meet in eating habits, the analysis is based on findings from participant stories, such as those of Maria ****** who stresses the value of including traditional foods in modern diets. Considering aspects like accessibility, price, and cultural significance, the discussion considers the viability of incorporating traditional meals into contemporary lifestyles.

Cultural Views on Exercise and Physical Activity

The study investigates how different cultural views regarding exercise and physical activity are based on participant accounts, especially those of Beau ***** and Glen *****. The information presented reveals ways in which traditional customs and values impact attitudes towards physical activity. It highlights the necessity for culturally sensitive methods to support physical well-being within the Diné community and investigates the possibilities for bringing cultural viewpoints into line with modern notions of exercise.

Compilation of Narrative Profiles

Combining the viewpoints and experiences of participants

The compilation of narrative biographies draws attention to recurring themes, difficulties,

and triumphs of participants. Obstacles including restricted access to healthcare, financial limitations, and the conflict between contemporary and customary ways of living remain persistent. However, stories of success highlight the tenacity of people who have embraced cultural lessons, adopted healthier lifestyles, and transformed into change agents. The compilation provides a detailed perspective of the community's health landscape by acting as a repository of lived experiences. A mosaic of participant experiences and viewpoints is created through the synthesis of narrative profiles, showcasing the various ways that members of the Diné community negotiate life, health, and cultural identity. The stories capture the depth of individual experiences, offering insights into the relationship between tradition and modernity, the value of cultural legacy, and the changing field of medicine.

Shared Themes and Perspectives

Recurring themes and recognizable patterns run throughout the stories. Participants often stress how important cultural traditions are in forming their conception of health and wellbeing. Recurring themes include the deep connection to the land, the value of social and familial bonds, and the long-lasting effects of historical legacies. The collective insights obtained from participant narratives highlight the holistic aspect of health in the Diné setting, which goes beyond the individual to include the whole community and all of its interrelated components.

Difficulties and Stories of Success

Difficulties and victories are interwoven in the stories. The participants openly discuss the challenges they have encountered, including restricted healthcare access, economic inequality, and the infiltration of contemporary lifestyles into customary practices. At the same time, stories of success are revealed, showing examples of resiliency, cultural conservation, and the modification of conventional wisdom to address modern health-related issues. The synthesis

of paradigms sheds light on the dynamic interaction between adversity and resilience within the community through the analysis of the subtleties of triumphs and obstacles.

Crossing Viewpoints: An Anthropologist's Perspective

Combining Economic, Historical, Environmental, and Cultural Factors

Based on the findings, this discussion integrates cultural, environmental, historical, and economic factors to comprehend community health issues among the Diné through anthropological perspectives. The synthesis of paradigms demonstrates the ways in which these interrelated factors impact health outcomes and add to the intricate fabric of diabetes prevention. By analyzing aspects of cultural identity, environmental impacts, historical legacies, and economic dynamics, the approach seeks a holistic knowledge of the numerous elements impacting health within the community.

Anthropological Perspectives on Public Health

Participant narratives provide anthropological insights that contribute to a more complex understanding of community health. The discussion explores the intersections between current issues and cultural practices that are deeply ingrained in location and history. Through the anthropological analysis of participant experiences, the synthesis of ways of knowing clarifies the cultural foundations of health beliefs, practices, and inequities that exist within the Diné community.

An Anthropological View: Cultural, Environmental, Historical, and Economic Dynamics

An integrative examination of cultural, environmental, historical, and economic elements is made possible by adopting an anthropological point of view. The analysis uncovers how important it is to implement treatments that consider these interrelated factors comprehensively. Anthropological understandings shed light on the dynamics of community health and highlights

the significance of community-driven, culturally sensitive efforts. This synthesis provides recommendations for diabetes preventive programs that are culturally appropriate, setting the groundwork for interventions that are successful, long-lasting, and culturally relevant. Applying an anthropological lens to the topic of diabetes prevention in the Diné community is essential to integrating the strands of cultural, environmental, historical, and economic influences. Through this perspective, the community's health dynamics can be understood holistically, providing insights that go beyond the purview of traditional medical practices.

Culture is the central focus of anthropology, which is the study of human societies and cultures. The health practices of the Diné are significantly shaped by cultural factors. The detailed narrative profiles show how cultural identity, which is passed down through the generations, affects nutritional preferences, approaches to wellness, and way of life decisions. The oral transmission of knowledge is one example of a traditional practice that is still in use today and continues to impact health-related behaviors. An anthropological perspective emphasizes the significance of maintaining and incorporating these cultural norms into health interventions, realizing that cultural identity serves as a basis for successful strategies rather than acting as a barrier to health.

An essential component of anthropological research is exploring the relationship that exists between health and living conditions. Living in reserve settings presents specific environmental challenges for the Diné community. As previously stated, the diabetes epidemic is exacerbated by restricted access to healthful resources. An investigation of how the environment impacts dietary habits and physical activity is influenced by the anthropological perspective. This point of view will emphasize the balance that must be struck between maintaining customs and adjusting to modern life. This viewpoint promotes solutions that negotiate environmental

and cultural factors to ensure that health programs are aligned with community living conditions and that treatments are effective.

Anthropologists investigate the past to understand the causes of today's health issues. The narrative profiles from this study reflect how historical influences, including novel nutritional practices such as the introduction of fry bread during the forced confinement at Fort Sumner, have had an impact the modern diet. At the same time, stories of predecessors who followed customary diets and exercise regimens offer a model for cultural resilience. These historical details are contextualized through an anthropological lens, which acknowledge the influence of past traumas on current health. This perspective also advocates for treatments that recognize historical legacies and highlight a return to pre-colonial conceptions of health and nutrition.

The anthropological perspective includes a consideration of the economic factors that are linked to health results. Low resource availability, particularly in isolated areas of reservations, appears to be a significant factor impacting the prevalence of diabetes. Investigating the ways in which socioeconomic inequality and health outcomes intersect is addressed using anthropological methods. Understanding how economic variables influence health practices allows selected interventions to take underlying issues into account. An anthropological viewpoint may promote community economic empowerment, guaranteeing that health programs target the underlying economic causes as well as the symptoms.

An essential tool in the modern anthropologist's toolbox is cultural sensitivity. This entails realizing how strongly ingrained cultural practices are in healthcare settings. Anthropological methods places a strong emphasis on the role that community agency plays in defining effective interventions. From a modern anthropological perspective, collaborative

techniques that empower the community are encouraged rather than imposing external solutions. This entails involving members of the community in the planning and execution of health projects while honoring their autonomy and viewpoints.

Recommendations

An anthropological perspective regarding the synthesis of data opens the door for culturally appropriate diabetes prevention initiatives. These initiatives honor cultural identity, negotiate environmental difficulties, consider the impact of historical legacies, address with economic factors, and give communities more authority. This viewpoint yields recommendations that are collaborative rather than prescriptive, acknowledging the agency of the Diné community in constructing their own health narratives. Essentially, the perspective of the anthropologist goes beyond the confines of a particular field, providing a thorough knowledge of diabetes prevention that is firmly anchored in the cultural, environmental, historical, and economic complexities of the Diné community. This promotes programs that recognize cultural variety, value individuality, and provide communities the authority to direct their own health care.

Suggested Guidelines for Culturally Appropriate Diabetes Prevention Initiatives

The discussion concludes with suggestions for diabetes prevention initiatives that are culturally appropriate in light of the insights revealed during this study. Based on the advantages and difficulties revealed by participant narratives, the analysis suggests approaches to create programs that are aligned with Diné cultural norms. Such proposals, which recognize the need for comprehensive, culturally sensitive measures to address the urgent issue of diabetes prevention within the community, include educational activities, community participation, and policy considerations.

Effects on Education and Public Health

Increasing Community Involvement in the Prevention of Diabetes

One important factor in the field of diabetes prevention is community engagement. The stories highlight the value of group involvement in community endeavors. Public health efforts should take advantage of the social structures that already exist, such as extended families and clans, to strengthen community engagement. Building on the positive aspects revealed by participant narratives, programs ought to promote cooperation among participants and a sense of collective accountability for health results. Sustainable and culturally relevant interventions can be achieved by giving communities the power to actively participate in preventative initiatives.

Encouraging Holistic Methods in Public Health Education

It is essential to use holistic methods in public health education to address the various factors that contribute to diabetes in the Diné community. The findings are synthesized to show how cultural, environmental, historical, and economic factors all have an impact on health. An integrative perspective should be used in public health education to recognize the intricate interactions between these factors. Beyond typical biomedical paradigms, initiatives should incorporate traditional knowledge systems and highlight the interdependence of physical, mental, and spiritual well-being. The Diné community mindset is in line with this holistic paradigm, which also makes health education initiatives more effective.

Conclusions

Synopsis of Important Discussion Points

To sum up, the discussion chapter highlights important ideas from participant accounts, research findings, and anthropological viewpoints. In order to effectively address diabetes prevention within the Diné community, the discussion highlights the need for culturally

appropriate health initiatives, vigorous community participation, and comprehensive, culturally appropriate public health education.

Concluding Thoughts on the Relationship Between Culture and Health

The conclusions suggested by this analysis advocate creating health programs that are sensitive to cultural differences, enhance community involvement, and advocate for holistic methods of public health education. Programs that are culturally appropriate should complement conventional methods of health education and encourage community-driven solutions. Harnessing community involvement makes interventions more long-lasting since it draws on the innate support networks already established in the community. With its emphasis on cultural, environmental, historical, and economic factors, holistic public health education guarantees a thorough understanding of health and practical preventive measures. The relationship between culture and health emerges as a major theme throughout this discussion. Participant narratives and other data from the study clearly show that health outcomes are influenced by a complex interaction of factors, including cultural identity, historical legacies, and environmental factors rather than just a biological condition. Developing successful and long-lasting public health interventions requires recognizing and appreciating this interaction.

These findings will be further combined and analyzed in the last chapter which offer further suggestions and insights. Through the stories of the Diné participants, the way towards culturally aware, community-driven diabetes preventive strategies is illuminated, providing important insights for public health and education professionals. The investigation concludes by highlighting the challenges to preventing diabetes in the Diné community. Interventions that respect cultural identity address environmental barriers, acknowledge historical legacies, and recognize economic drivers, are necessary due to the interplay of these elements. A framework

for public health activities that respect the unique fabric of the Diné community while still being culturally relevant is provided in the synthesis of findings.

CHAPTER 8

Concluding Ideas and Suggestions of actions for the Diné to take to Implement Diabetes Prevention Strategies for the Diné, to lower their Diabetes rates based on this paper's data and narrative profiles. What can they change about the way they live?

In the last part of this dissertation, insights gathered from the detailed narrative profiles of Diné adults who live on the Navajo reservation are used to create useful suggestions and recommendations that will help make diabetes prevention strategies stronger. This chapter is important because it connects the deeply personal stories of the Diné people with the study that has been described in earlier chapters. The goal of this compilation is to offer practical advice about what will work in the everyday lives of the Diné, with a focus on the basic pillars of nutrition and exercise as the best ways to avoid a diagnosis of diabetes. Phenomenological methodology was used to interview participants and write the narrative descriptions which reveal the personal stories of people like Raul Munoz, Virginia Yazzie Ballenger, Harold Freeland, (these three participants have consented to using their real names in the manuscript but be kept anonymous in the video) and Participant AA. These first-person stories give us a more complete picture of the problems and successes the Diné community has had with diabetes prevention. Raul Munoz's admission that he got type 2 diabetes after retiring from military service shows how important it is to teach people about the effects of diabetes. This sets the stage for suggestions for health education that come next.

Aligned with the pilot study which demonstrated how stories can be used as a teaching tool, the study analysis presented here reiterates that traditional storytelling around health-related information should be encouraged within the Diné community. Raul's call for more education is

echoed by the power of stories, especially those based on the phenomenological methodology, which can clearly show how diabetes impacts people and their communities. When people tell stories, they not only learn new things, but they also pass on important health information and keep their culture alive. Additionally, Virginia Yazzie Ballenger's story emphasizes the close connection between the Navajo people's food choices and diabetes. Eradicating false ideas, such as the one that fry bread is a traditional food, makes the second suggestion possible - going back to traditional ways of eating. To fight diabetes in the community, the call to return to traditional farming and eating like our ancestors did becomes very important. This suggestion fits in with the larger idea of getting back in touch with cultural roots as a way to improve overall health. A healthy diet and exercise are two of the most important ways to prevent diabetes. The last chapter weaves together the words of the Diné participants with real-world examples which create a tapestry of ideas for effective interventions. The combination of personal stories and academic research can move the community toward a future where people can make smart decisions and work together to solve the diabetes problem.

Embracing Traditional Storytelling for Education

One theme that keeps recurring in the stories of the Diné participants who live on Navajo lands is how important education is to prevent people from getting diabetes. The first part of the study, which used phenomenological interviewing as a research method, demonstrated how stories would be a powerful way to spread information. When it comes to getting important information across, storytelling, which comes from the Diné community's rich cultural history, works especially well. Because they are in-depth and authentic, the stories make it clear how important education is for changing the way diabetes is addressed within the community.

Raul Munoz's difficult experience with type 2 diabetes provides a strong example of why

more people need to learn about the disease. His statement that he had inadvertently ignored the symptoms presented by his own child, which caused the child to get diabetes, shows that a lot more needs to be done to prevent this from happening. A lot of people who live on the Navajo reservation see Raul's story as a small version of the bigger fight they are experiencing. This is meant to be an urgent call for education campaigns that cover all aspects of diabetes prevention, not just the medical aspects. These campaigns should also connect with the Diné culture and everyday life in the community. This is why the first and most important conclusion that can be drawn from the narrative profiles and study findings is that traditional storytelling is a great way to provide education to the Diné.

The idea behind this recommendation comes from the understanding that storytelling is an important part of the Diné culture. The plan is based on the idea that projects which incorporate storytelling should be expanded on the Navajo reservation. Such a project could make a big difference in preventing diabetes by making everyone more aware of the disease and its effects. As the Diné society tells its own story about the fight against diabetes, the continuation of traditional practices becomes a powerful force. For the generations to come, this type of project will ensure that education is a shared duty and a source of community empowerment. This approach shows how traditional practices can continue to positively impact health outcomes and build resilience in Indigenous communities.

Returning to Traditional Nutritional Practices

When compared to the intricate network of stories that are told by members of the Navajo tribe, the narrative of Virginia Yazzie Ballenger stands out as a particularly poignant one. Through her work, she draws attention to the tight relationship that exists between diabetes and the dietary choices made by individuals in the community. The fact that she dispelled a

widespread misconception about fry bread being a traditional food shines a light on an essential component of the modern diet that contributes to unhealthy eating habits. It is unfortunate that this erroneous perception influences more than simple decisions around what to eat. Additionally, it has an impact on the general health issues that the Diné community is dealing with. In response to Virginia's thoughts, the concept of returning to more conventional methods of farming and eating organic foods comes up as a natural response. There is a profoundly deep traditional meaning associated with food in Diné society. This meaning originates from a profound connection to the land and a history that dates back to a time before the health problems that exist today. It is imperative that individuals alter their eating patterns and embrace a diet that is more in keeping with the manner in which their ancestors consumed food. This is made abundantly clear by the misconception surrounding fry bread.

The study findings suggest that a significant shift toward traditional farming and foods that are cultivated or farmed in close proximity to human habitation would be beneficial in combating the impact that poor dietary choices have on the number of individuals who are diagnosed with diabetes. In this recommendation, the Diné are encouraged to return to the origins of their culinary heritage and to make the transition away from processed and sweetened foods that have been processed, and to move toward a diet that is more in keeping with what people are able to grow on the land. The community may establish a foundation for the prevention of diabetes that goes beyond individual decisions which then becomes a shared commitment to a healthier lifestyle by cultivating and consuming foods that are tied to their cultural heritage. An important part of showing respect for culture is to become aware of and to adhere to traditional food practices. Not only does this help reduce the risk of developing diabetes, but it also promotes healthy eating habits more generally. This is consistent with what

previous generations knew and practiced, which is that the Diné would benefit from using ancestral knowledge to assist them in dealing with the health issues that they are currently experiencing. As an example of how this guidance might bring about positive change, consider the possibility of returning to one's cultural origins and employing traditional practices as a powerful means of preventing diabetes and enhancing the general health of the community.

Encouraging Regular Exercise

Within the context of the growing narrative of diabetes prevention within the Diné community, the emphasis placed on physical exercise emerges as a crucial component of holistic health and well-being. Since physical activity plays an essential part in the prevention of diabetes, it is clear that the sedentary lifestyle that is so common in today's culture is a considerable obstacle. The move from traditional methods of living to urban surroundings has, in certain cases, contributed to a reduction in the levels of physical activity within the Diné community. This tendency reflects a larger trend that is observed all over the world. In response to this, a proactive solution is presented, which is to encourage regular exercise. This notion originates from the realization that engaging in regular physical exercise is not only a method for preventing diabetes, but also an essential component for maintaining general health. Because of the sedentary nature of modern living, there are health hazards that go beyond diabetes. Because of this, it is necessary to create a culture of regular exercise in order to offset these risks.

The Diné have a variety of different ways to include regular physical activity into their everyday life which are aligned with traditional practices. The celebration of the community's rich cultural history via the use of communal activities has the potential to operate as a bridge between traditional and modern wellness practices. The experience of cultural pride may be integrated into traditional games, which can give a pleasurable method to engage in activities of

a more physical nature. In addition, the community may reap the benefits of structured exercise programs that are specifically designed to meet their specific requirements. These programs encourage inclusion and ensure that persons of all ages and fitness levels have access to them. One of the most important aspects of this recommendation is not only the prevention of diabetes, but also the promotion of a more active lifestyle that makes a positive contribution to the overall health and vitality of the community. It serves as an invitation to recapture the spirit of movement that is inherent in traditional practices, and in adopting healthier dietary habits. Addressing this misperception, and educating community members about the option of growing their own food, becomes paramount in the broader strategy of promoting health and well-being within the community. The recommendation stemming from this revelation is a call to reteach the community about affordable healthy eating options. It is a proactive response to the notion that nutritious foods are financially out of reach for many. By dispelling this myth, the community can undergo a transformative shift in dietary habits, paving the way for a more health-conscious lifestyle.

In addition, buying bulk grains and utilizing cost-effective cooking oils constitutes a pragmatic approach to affordable healthy eating. Education around budget-friendly nutritious choices can be disseminated through community workshops, informational sessions, or even practical cooking demonstrations. This educational initiative is designed not only to inform individuals about the affordability of healthy eating options but also to equip them with practical knowledge to incorporate these choices into their daily lives. In essence, this recommendation transcends the dietary realm and becomes a catalyst for social change within the Diné community. By challenging the misconception that healthy eating is a privilege reserved for those with ample financial resources, the community can foster a sense of empowerment. It

positions health as a fundamental right rather than a luxury, thus reshaping the narrative around diabetes prevention and promoting a more inclusive and accessible approach to well-being. The reeducation on affordable healthy eating options stands as a transformative step toward breaking down barriers and creating a health-conscious community that is resilient, informed, and united in its pursuit of diabetes prevention.

Strengthening Cultural Identity

Regarding the Diné culture, Tiva's insightful view on the difference between Indigenous and Western health makes the importance of health knowledge that takes cultural norms into account even more evident. We know that a plan that respects and includes cultural values is important, so projects are proposed which are meant to help people build their cultural identity. This approach not only goes beyond the usual areas of health education, but it also considers how ethnic pride and general health are interconnected. Adding cultural elements to health education programs is an example of how this approach can be used to bring about effective change. It is possible to make learning easier and more interesting by incorporating traditional beliefs, practices, and values into the teaching of health facts instead of just teaching the facts themselves. Centering culture in the context of health education makes it more likely that people will accept and understand the information. This, in turn, helps people take responsibility for their own health – as individuals and as a community.

Creating spaces where people of different generations can share information is also an important part of building national identity. The wisdom and knowledge of older people can be very helpful when it comes to traditional practices that are beneficial to good health and well-being. Setting up places where people can share this kind of knowledge helps to promote a well-rounded approach to health education, while safeguarding traditional practices. In this way, a

sense of continuity is created, which helps bring generations together and stresses the importance of cultural resilience in the face of health problems.

The suggestions made in this chapter are meant to help the Diné fight diabetes in a way that benefits the entire community. These ideas show how to make the future more healthy and environmentally friendly. These strategies are based on participant stories and narrative profiles which informed the study findings. However, putting such health education programs into action will only work if everyone in the community works together to make a change in the way people live on the reservation. With this invitation, the Diné community is being asked to join a journey toward overall health and well-being, one that sees ethnic pride, values, and customs as important parts of the path to avoiding diabetes.

Community-Led Initiatives for Wellness

One of the best ways to reach the goal of promoting overall health and wellness in the Diné community is to come up with programs that are run by the community itself. There could be a paradigm shift in the way we talk about health if people in the community are given the power to lead local projects that focus on improving community health outcomes. One of these projects is building neighborhood gardens. Community gardens are a lively and healthy endeavor that not only makes it easier to get fresh fruit grown nearby, but also helps people connect with traditional foods. The Diné people have a long and proud history of farming, and community gardens become live reminders of that history. People are given the chance to help grow crops, which helps them connect more directly with the land and the traditional foods that are an important part of their culture. Growing and picking food from community gardens not only motivates people to eat healthier, but it also gives them a sense of pride and ownership in keeping old traditions alive.

In addition, personalized exercise programs are becoming an increasingly popular form of community-led project. Diné ways of life are an important consideration when planning such programs. Because exercise is such an important way to prevent diabetes, these programs may take on forms that are deeply rooted in the traditions of different cultures. Traditional dances, which have important meanings historically and ceremonially, can form part of a workout routine because they are both fun and culturally important. This is also true for things that happen outside, like walks with other people or group workouts that happen in the open spaces of the land. Adding these kinds of tasks to your daily routines may make it easy to stay active. One of the best things about community-run health programs is that they are deeply connected to the unique culture of Diné society. Instead of forcing people to join generic classes, these programs grow organically as people in the community share their own ideas and preferences.

By getting people in the community involved in planning and carrying out these projects, they build a sense of shared duty, which in turn helps create an atmosphere where people can live healthy lives. It is possible for everyone to work toward health if the Diné society is given the chance to lead these projects. This will lead to a commitment to health that goes beyond what each individual may choose on his/her own. When the community runs gardens and fitness programs, they are more than just places to eat and work out. They become living symbols of the Diné people's traditional identity, strength, and unwavering spirit as they work to improve their overall health.

Conclusions

Through the process of traversing the vast landscape of diabetes prevention within the Diné community, this dissertation has attempted to tie together the rich stories recounted by Diné individuals, thematic analysis, and cultural insights. The study findings propel us towards a

communal vision of empowerment in this final chapter and urges the Diné community to adopt preventative actions against diabetes. The multidimensional suggestions, which are supported by study findings and are inspired by the voices that are embodied in narrative profiles, serve as a compass which guides the community towards a future that is healthier and more sustainable. The cultural essence of the Diné is reflected in the overwhelming plea to embrace storytelling as a tool for educational purposes. Storytelling, which has its origins in phenomenology, transforms into more than just a means to an end; it becomes a medium for the transmission of vital health information, the development of resilience, and the maintenance of cultural identity. It serves as an opportunity for the community to create their own story of health, founded on the experiences that they have had in common and the insights that they have gained as a group.

A revolutionary return to traditional gardening and eating practices is made possible as a result of the awareness of the close connection between dietary choices and diabetes, which was brought to light by Virginia Yazzie Ballenger. This proposal represents not only a change in culinary practices; rather, it is a reaffirmation of their cultural legacy. It constitutes a return to the traditions of their ancestors, which promotes pride in culture and history, in addition to well-being, sustainability, and a deeper connection to the earth. This is a call to restore the spirit of a movement that is inherent in ancient traditions, which encourages healthy eating and regular exercise. As a means of combating the sedentary tendency of modern life, the community is strongly encouraged to investigate the possibility of participating in traditional games and activities that express cultural pride. This proposal goes beyond the realm of physical health; it transforms into a celebration of resiliency, incorporating physical exercise into the cultural narrative of the Diné people.

A reeducation campaign on inexpensive healthy eating alternatives was sparked as a

result of the misunderstanding that healthy food is thought to be too expensive. Yet it is possible for the community to follow a path of nutritional transformation by debunking the idea that nutritious foods are financially out of reach. This awareness will have the effect of making healthy food choices available to everyone. Tiva's perspective places an emphasis on the importance of providing health information that is sensitive to cultural norms, and which ultimately leads to the development of a stronger sense of cultural identity. This extends beyond the realm of teaching; it really becomes a celebration of the pride, values, and customs of a community and culture. The community is empowered to address the challenges of health within a framework that is congruent with their identity when cultural traditions are incorporated into health programs and if the sharing of intergenerational knowledge is encouraged.

The proposals that are offered in this dissertation are, in essence, an invitation to the Diné to regain control over their own community's health. It is possible for the community to redefine lifestyle choices on the reserve by combining the knowledge gained from their personal narratives with research that is supported by evidence. To successfully execute these guidelines, however, takes teamwork, dedication, and a concerted effort on the part of all parties involved. It is a journey toward comprehensive well-being, a story of health that is formed by the voices of current individuals as well as those of generations to come.

A YouTube video was developed along with this dissertation to help with the education of Diabetes Prevention strategies for the Diné. There is also a DVD to accompany this dissertation in the back of the manuscript. This video will help spread the message visually in an abridged version to help motivate action and encourage a change in behavior in order to promote diabetes prevention. The goal of this video is to help inspire all those that watch to initiate the diabetes prevention strategies and lower the rate of diabetes among the Diné on the Navajo

reservation. The video includes information from this research to motivate those watching it to makes positive change in their lives on the reservation.

As stated above, the most effective methods of prevention are a healthy diet and exercise. The video guides the viewer with information on how they can change their lifestyle implement the strategies of prevention. Beautiful scenery from the reservation and examples of ways for the Diné to be creative and start ways to implement the diabetes prevention strategies are included. It provides the medical information to help the viewer understand diabetes and its effects on the individual and community. The host also stresses the importance of Indian Health Services and of each individual committing to an annual visit for information purposes and for a checkup. This video is an inspiration for the Dine' culture and any culture to learn about the importance of diabetes prevention strategies. Education about diabetes should be learned via cultural methods and science. Each culture is different, and approaches to education and learning should be adapted accordingly.

Appendix A

University of California, Los Angeles

CONSENT TO PARTICIPATE IN RESEARCH

Storytelling is the Cultural Norm for the Diné peoples' way of learning for the implementation of diabetes prevention strategies.

Jaime Vela,PI, (Doctoral Student-PhD in Anthropology: Sociocultural) MA in Anthropology) &

Faculty Sponsor: *Russell Thornton, Ph.D.*
Distinguished Professor
Department of Anthropology
University of California-Los Angeles

from Anthropology Department at the University of California, Los Angeles (UCLA) are conducting a research study.

You were selected as a possible participant in this study because you are Navajo (Diné)/Indigenous and are knowledgeable in the experiences of dealing with diabetes in some form and ways of learning of your people. Your participation in this research study is voluntary.

Why is this study being done?

This study is being done because of the importance of storytelling as a way to initiate diabetes prevention strategies and cultural preservation, among the Indigenous/Navajo people. It will also in the long run prevent diabetes among the Navajo people. This study will also show the importance of storytelling as a Cultural Way of Learning tool.

What will happen if I take part in this research study?

If you volunteer to participate in this study, the researcher will ask you to do the following:

- *Simply talk about and tell some of the Navajo experiences dealing with diabetes and of ways of learning.*
- *You may tell any stories that you feel are relevant to this research study.*

How long will I be in the research study?

Participation will take a total of about *1 to 2 hours/less or as long as you feel you would like to tell your stories.*

Are there any potential risks or discomforts that I can expect from this study?

There are no risks or discomforts since the participant doesn't have to speak about anything that they consider too personal or sensitive.

Are there any potential benefits if I participate?

You may benefit from the study …by being a part in the preservation of the Navajo culture.

The results of the research may …take part in the preservation of the culture of the Navajo people. To include storytelling and traditions. It can all lead to the prevention of diabetes.

Will I be paid for participating?

Unfortunately. No payment will be given.

Will information about me and my participation be kept confidential?

Any information that is obtained in connection with this study and that can identify you will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of ... your review of the finished publication, the secure keeping of the interviews by the principal investigator with the supervision of the faculty sponsor not to be used without your permission ever.

What are my rights if I take part in this study?

- You can choose whether or not you want to be in this study, and you may withdraw your consent and discontinue participation at any time.
- Whatever decision you make, there will be no penalty to you, and no loss of benefits to which you were otherwise entitled.
- You may refuse to answer any questions that you do not want to answer and still remain in the study.

Who can I contact if I have questions about this study?

- **The research team:**
  If you have any questions, comments or concerns about the research, you can talk to the researcher. Please contact:

  Jaime Geronimo Vela. PI/Doctoral Student Email: jvela@ucla.edu ph: 818-738-3160

- **UCLA Office of the Human Research Protection Program (OHRPP):**
  If you have questions about your rights while taking part in this study, or you have concerns or

suggestions and you want to talk to someone other than the researchers about the study, please call the OHRPP at (310) 825-7122 or write to:

UCLA Office of the Human Research Protection Program

11000 Kinross Avenue, Suite 211, Box 951694

Los Angeles, CA 90095-1694

You will be given a copy of this information to keep for your records.

SIGNATURE OF STUDY PARTICIPANT

Name of Participant

Signature of Participant | Date

SIGNATURE OF PERSON OBTAINING CONSENT

Name of Person Obtaining Consent | Contact Number

Signature of Person Obtaining Consent | Date

Appendix B

Interview questions for Dissertation Research study.

1. "Would you mind introducing yourself? Your name, tribe, clan and so forth?" If you don't want to use your name that is fine, you don't have to. But hopefully you will at least state what tribe you are from. But you don't have to share anything if you don't want to.
2. "Will you share with me your thoughts on the importance of culture when dealing with health issues?"
3. "Will you share with me any of your knowledge that you had about diabetes before it became a part of your life? Also, what do you know about it now if it is different then what you knew before diabetes?"
4. The 2 best forms of Diabetes prevention are Diet and Exercise. "Will you share with me any knowledge that you have about these 2 diabetes prevention strategies? Are these 2 forms an applicable option on the reservation?"
5. "Will you share with me any ideas that you may have in how these strategies can be implemented in your life on the reservation and/or your life off the reservation?"
6. "Will you share with me any ideas on how exercise can be implemented into your life/the Navajo people and the cultural environment?"
7. "Is there anything else you would like to share about this topic that these questions didn't cover?
8. "Would you share with us any ideas you have on how people living on the reservation can implement a better diet of eating healthy foods and to implement an exercise program of some sort that can be implemented on the reservation or the environment that they all live in?"

Appendix C

Media RELEASE FORM

By signing this release form, I authorize [Jaime Geronimo Vela], to use the following personal information:

(1) My picture – including photographic, motion picture, and electronic (video) images.
(2) My voice – including sound and video recordings.

I hereby grant to [Jaime Geronimo Vela], its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats, and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I further grant [Jaime Geronimo Vela] all right, title, and interest that I may have in all finished pictures, negatives, reproductions, and copies of the original print, and further grant [Jaime Geronimo Vela] the right to give, transfer, and exhibit the print in copies or facsimiles thereof, for marketing, communications, or advertising purposes, as it deems fit.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for [Jaime Geronimo Vela's] use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

IN WITNESS WHEREOF, I have executed this release on this___day of_____,

20__.

Print Name: Telephone Number:

Address: Signature:

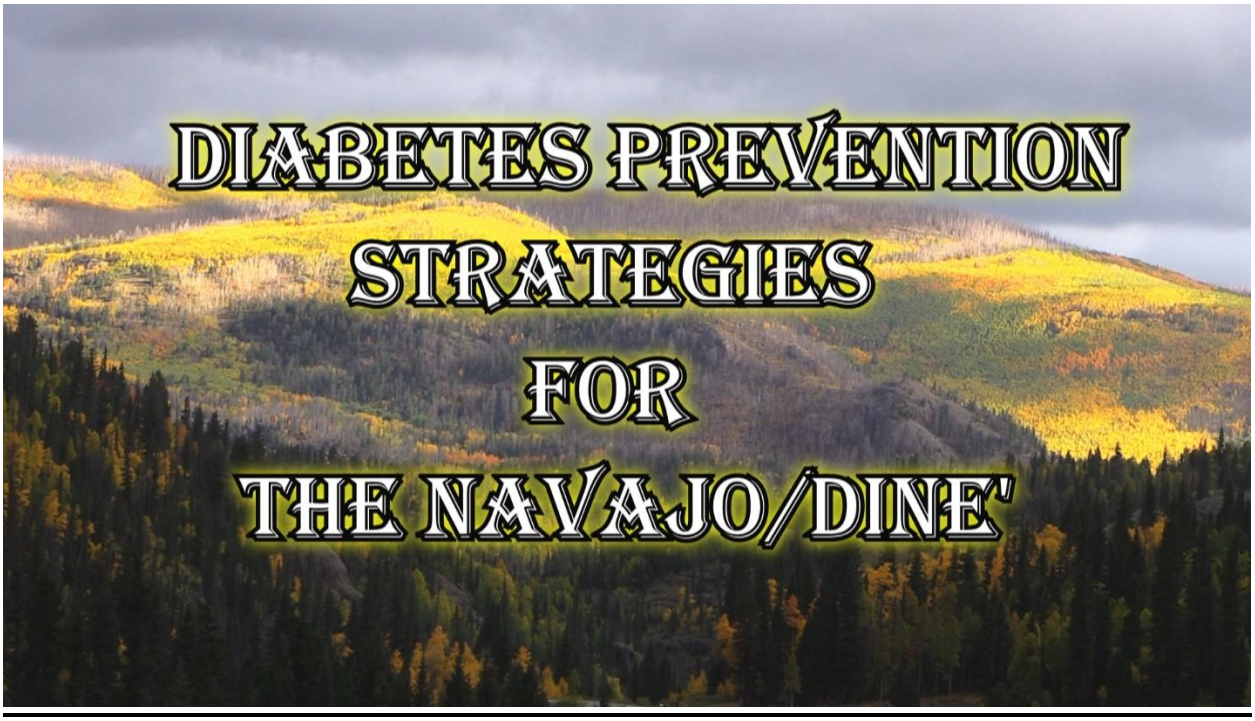
City/State/Zip:

Witness: Jaime Vela Telephone Number: 818-738-3160

Address: University of California, Los Angeles Signature:

City/State/Zip: Los Angeles, CA

Appendix D



Link to Documentary Video on YouTube.

https://youtu.be/XkOWf-tv-n8

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