

Indigenous Community Projects: Addressing Colonization through Using Culture as a Protective Factor

Heather Sauyaq Jean Gordon et Amy Zukowski

Volume 14, numéro 2, 2023

URI : <https://id.erudit.org/iderudit/1106675ar>

DOI : <https://doi.org/10.18584/iipj.2023.14.2.14723>

[Aller au sommaire du numéro](#)

Éditeur(s)

Scholarship@Western (Western University)

ISSN

1916-5781 (numérique)

[Découvrir la revue](#)

Citer cet article

Gordon, H. & Zukowski, A. (2023). Indigenous Community Projects: Addressing Colonization through Using Culture as a Protective Factor. *The International Indigenous Policy Journal*, 14(2), 1–33.
<https://doi.org/10.18584/iipj.2023.14.2.14723>

Résumé de l'article

Indigenous communities have painful histories of colonization, resulting in historical trauma and adverse current community conditions (CCCs). This is a mixed method study of Administration for Native Americans grants that includes analysis of project summaries and CCCs as well as a analysis of impact and effectiveness scores finished projects are given by ANA evaluators. The results show that all grants included in the analysis are addressing colonization and almost half of the grants are utilizing culture as a protective factor. The projects using culture as a protective factor have significantly higher effectiveness ratings, which means they are achieving their objectives more than those not using culture. Grantee project examples are in the discussion. The paper concludes with policy implications for funders.

© Heather Sauyaq Jean Gordon et Amy Zukowski, 2023



Ce document est protégé par la loi sur le droit d'auteur. L'utilisation des services d'Érudit (y compris la reproduction) est assujettie à sa politique d'utilisation que vous pouvez consulter en ligne.

<https://apropos.erudit.org/fr/usagers/politique-dutilisation/>

Érudit

Cet article est diffusé et préservé par Érudit.

Érudit est un consortium interuniversitaire sans but lucratif composé de l'Université de Montréal, l'Université Laval et l'Université du Québec à Montréal. Il a pour mission la promotion et la valorisation de la recherche.

<https://www.erudit.org/fr/>



August 2023

Indigenous Community Projects: Addressing Colonization through Using Culture as a Protective Factor

Heather Sauyaq Jean Gordon

Child Trends, *United States* (Iñupiaq, citizen of the Nome Eskimo Community) hgordon@childtrends.org

Amy Zukowski

Administration for Native Americans, *United States* (Alaska Native) amy.zukowski@acf.hhs.gov

Recommended Citation

Gordon, H. S. J., & Zukowski, A. (2023). Indigenous Community Projects: Addressing Colonization through Using Culture as a Protective Factor. *The International Indigenous Policy Journal*, 14(2). <https://10.18584/iipj.2023.14.2.14723>

Indigenous Community Projects: Addressing Colonization through Using Culture as a Protective Factor

Abstract

Indigenous communities have painful histories of colonization, resulting in historical trauma and adverse current community conditions (CCCs). This is a mixed method study of Administration for Native Americans grants that includes analysis of project summaries and CCCs as well as a analysis of impact and effectiveness scores finished projects are given by ANA evaluators. The results show that all grants included in the analysis are addressing colonization and almost half of the grants are utilizing culture as a protective factor. The projects using culture as a protective factor have significantly higher effectiveness ratings, which means they are achieving their objectives more than those not using culture. Grantee project examples are in the discussion. The paper concludes with policy implications for funders.

Keywords

Indigenous, culture as a protective factor, colonization, historical trauma, Native American

Acknowledgments

We would like to acknowledge input and feedback on this paper from (listed alphabetically by last name): Patrice H. Kunesh (Standing Rock Lakota descent); Hope Macdonald Lonetree (Navajo), Aleta Meyer, PhD, Kathleen Moore, PhD, Travis Roberts, MSW, MPH (Metis), and Michelle Sauve, M.A. (St. Regis Mohawk Tribe).

Disclaimer

The views expressed in this publication do not necessarily reflect the views or policies of the Administration for Native Americans, the Administration for Children and Families, or the U.S. Department of Health and Human Services.

Creative Commons License



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](https://creativecommons.org/licenses/by-nc-nd/4.0/).

Indigenous Community Projects: Addressing Colonization through Using Culture as a Protective Factor

With 574 federally recognized tribes, additional state recognized tribes, and other Indigenous organizations and entities, the U.S. 2020 Census counted 9.7 million people identifying as American Indian/Alaska Native (AIAN) and another 1.6 million people identifying as Native Hawaiian and Other Pacific Islander (NHPI) living in the United States and its territories (United States Census Bureau, 2021). Indigenous Peoples lived in what is now called the United States (U.S.) and its territories for thousands of years with thriving societies and diverse cultures prior to colonization. By the late 1400s, outsiders came to the lands of AIAN and NHPI populations and began colonizing them through wars, massacres, and attacks on Indigenous civilian populations and ways of life (Walters, Beltran, et al., 2011).

Research has shown that as a result of colonization, Indigenous Peoples¹ experience historical trauma, which is passed down generationally (Brave Heart et al., 2011; Walters et al, 2002). Historical trauma is tied to many adverse current community conditions (CCCs),² including suicide, substance use, health issues, poverty, low educational achievement, shaming of cultural identity, loss of Indigenous language and culture, dysfunctional families, trauma, and violence (SAMHSA, 2018; Walters, Mohammed, et al., 2011). Indigenous cultures and traditions, protective factors that served their populations for millennia, were suppressed through colonization and attempted to be completely stamped out by assimilation practices (Capacity Building Center for Tribes, n.d.; Henson et al., 2017; McIvor et al., 2009). These cultural practices are being revitalized as they are protective factors for Indigenous children and families.

The data for this paper comes from the Administration for Americans (ANA), an agency established in 1974 through the Native American Programs Act and situated within the Administration for Children and Families in the United States Department of Health and Human Services. ANA is a federal granting agency supporting projects developed by Indigenous Tribal Nations and their communities to address social, economic, and governmental conditions and support self-sufficiency. This includes supporting local economies, local access to and control of services and programs, and supporting projects involving intergenerational activities with youth and Elders. Every year, ANA puts out funding opportunity

¹ When using the term Indigenous Peoples or Natives in this paper, we are referring directly to the Indigenous Peoples/Native Peoples of the U.S. which include American Indian, Alaska Native, Native Hawaiian, and other Pacific Islanders which live in the 50 U.S. states as well as in American Samoa, Guam, and the Northern Mariana Islands, whether they are federally recognized, state recognized, or neither.

² Current community conditions were previously referred to as problem statements in Administration for Native Americans (ANA) Funding Opportunity announcements up until 2018. Problem statements provided space for the applicant to explain why their community needed the grant and what problems they would address with the funding. In 2018, ANA wanted to take a more asset-based approach to community change and modified the term from “problem statements” to “current community conditions” (CCCs). In grants ANA receives, adverse CCCs are what the applicant wants to address through grant funding; however, instead of calling the issue in the community a “problem” it is instead a “current condition” that is only of the current moment and can be changed through the grant objectives.

announcements (FOAs)³ for the different grants available, and Indigenous Tribal Nations (federally and state recognized) and Indigenous serving non-profits in the U.S. and its Territories submit comprehensive applications that include project summaries and CCCs. At the end of the grant, ANA evaluators conduct impact visits to learn about the life of the project.

This is a mixed method study of ANA grants that includes analysis of project summaries and current community conditions (CCCs) as well as an analysis of impact and effectiveness scores finished projects are given by ANA evaluators. The project came about from ANA evaluators noticing that grantees were using culture as a protective factor to address adverse CCCs. The first goal of this article is to build on the evidence that shows that the intentional transmission of Indigenous cultural factors serves as protective factors for AIAN and NHPI people against the problems occurring from historical trauma and colonization (Henson et al., 2017; McIvor et al., 2009). A secondary goal of the article reflects on how a more intentional incorporation of Indigenous culture into funding opportunities for Indigenous people may create a space for applicants to build culture as a protective factor into their applications.

We begin this article with a detailed account of colonization Indigenous Peoples served by ANA, both in the U.S. and U.S. Territories, continue to experience. Second, we go into the resulting historical trauma and adverse CCCs that have come about from colonization practices and the different types of culture being used as a protective factor against adverse CCCs. The third section is on methodology which is mixed methods. It is followed by the fourth section, results. The fifth section discusses the different types of culture as a protective factor being used by grantees and ANA grantee exemplary project stories. The final section addresses policy recommendations and concludes the paper.

The Legacy of Colonization: Current Community Conditions Resulting from Trauma

Colonization practices by the Russians and Europeans, and later by the U.S., included taking Indigenous Land through warfare, disease, slavery, deceitful treaties, and forced relocation (Fisher, 2017; Hodge, 2012; Jones, 1982; Walters, Beltran, et al., 2011; Wolfe, 1982). Land taking was justified first by the 1493 *Doctrine of Discovery* which claimed that land was “empty” and open to being “discovered” if the current inhabitants were not Christian (Miller, 2019). After the U.S. was established, land grabbing continued through settler colonialism and legislation (i.e., *Indian Removal Act* of 1830 and *Dawes Act* of 1887), which resulted in Indigenous Peoples in Alaska losing 90% of their land, and Indigenous Peoples in the contiguous U.S. losing 98.9% of their lands, including sacred sites and graves (ANCSA Regional Association, n.d.; Farrell et al., 2021; Merritt, 2021; Miller, 2019; Spence, 1999). Hawaii and the other Pacific Islands were also largely taken and acquired without consent of the original inhabitants, and this also resulted in significant loss for the Indigenous Peoples.

³ As of 2021, Funding Opportunity Announcements (FOAs) will now be referred to as Notice of Funding Opportunities (NOFOs).

Other forms of colonization and assimilation practices beyond land grabbing by the U.S. have been under the guise of helping Indigenous people through *civilizing*,⁴ leading to loss of life, culture, and language. These include, but are not limited to: 1) assimilation through forced boarding schools (Irwin, 1997; Lajimodiere, 2014; Newland, 2022; Walters, Beltran, et al., 2011); 2) outlawing Indigenous spirituality and religions (Irwin, 1997; Lajimodiere, 2014; Walters, Beltran, et al., 2011); 3) unhealthy “commodity” food on reservations provided to people who had been displaced from their traditional lands and food resulting in health conditions (Satterfield et al., 2016; Vantrease, 2013); 4) the U.S. government terminated tribes by taking away their federal recognition and rights written into treaties,⁵ dissolving their governments and dividing up their lands (Deloria & Lytle, 1983); 5) through the *Indian Relocation Program*, the U.S. government sought to assimilate Indigenous people into U.S. mainstream culture by moving them off of reservations into cities (Burt, 1986); and 6) the U.S. formed the Indian Health Services (IHS) in 1955 to provide health care for Indigenous people; however, upon seeing the high Indigenous birthrates, IHS facilities sterilized 3,406 American Indian women from the ages of 15 to 44 without consent from 1973 to 1976 (Hodge, 2012). These colonial practices resulted in death, loss of cultures and languages, distrust of the government, and lasting trauma.

Through the many different colonization and assimilation practices, Indigenous people in the U.S. and U.S. territories have lasting historical trauma (Brave Heart et al., 2011; Walters et al., 2002). Adverse CCCs resulting from colonialism, political subjugation, and historical trauma in Indigenous communities include a host of inequities when compared to the U.S. population at large, such as: 1) food insecurity and insufficient nutrition (Jernigan et al., 2012); 2) inadequate living conditions (Barnes et al., 2010; Berardi, 1999; Walters, Mohammed, et al., 2011); 3) low educational achievement (Walters, Mohammed, et al., 2011); 4) loss of Indigenous cultures and languages (Whitbeck, Adams, et al., 2004); 5) loss of lands and the rights to manage them (Walker et al., 2002; Whitbeck, Chem, et al., 2004); 6) overrepresentation in the criminal justice system of both juveniles and adults (Feldstein et al., 2006); 7) high rates of Adverse Childhood Experiences (ACEs) (Kenney & Singh, 2016; Graf et al., 2021; Reavis et al., 2013); 8) shaming of cultural identity, 9) dysfunctional families, 10) living in violent communities, 11) poverty (United States Census Bureau, 2017; White House Initiative on Asian Americans and Pacific Islanders, n.d); 12) environmental justice issues (Bullard, & Johnson, 2000); 13) weakened or ineffective governance structures due to land taking and legislation, case law, and policies that diminish Indigenous self-determination and self-governance (Cornell & Kalt, 2003; Maaka & Fleras 2005), and 14) lack/loss of federal Tribal recognition (Deloria & Lytle, 1983).

Responses to colonization and historical trauma are linked to a variety of disparate health conditions in AIAN and NHPI communities when compared to the non-Indigenous U.S. population (Kreiger, 1999;

⁴ Civilization Fund Act of March 3, 1819, ch. 85, § 1, 3 Stat. 516, 516 (codified as amended at 25 U.S.C. § 271 (2018)). This act provided federal funds to Christian missionary organizations for boarding schools.

⁵ Although ANA serves both federally and state recognized Tribes, many federal organizations only work with Tribes on the Federally Recognized Tribes List Act of 1994, Pub. L. 103-454, 25 U.S.C. § 479a (1994), which has since been updated to include additional Tribes as they go through the federal recognition process and are approved.

SAMHSA, 2018; Walters, Beltran, et al., 2011; Walters, Mohammed, et al., 2011). Some of these include: a) mental health disparities and high rates of suicide (Suicide Prevention Resource Center, 2019; American Psychiatric Association, 2017; Subica & Wu, 2018); b) higher prevalence of drug and alcohol use which starts at an earlier age than other groups and (Walters et al., 2002); and c) physical health disparities such as higher rates obesity and correlated conditions (Barnes et al., 2010; Kreiger, 1999; Anderson & Smith, 2003; The Office of Minority Health 2020a & 2020b). These health issues are further compounded by the barriers to health care Indigenous people experience (Marrone, 2007). Studies have shown that historical trauma can be addressed through drawing on the strength Indigenous communities have through engaging with their traditional cultures (Gone, 2013).

Prior to colonization, Indigenous people maintained their health and wellbeing through their cultural⁶ understanding of the world which emphasized the connections and relationships between the environment, body, and health (Brave Heart et al., 2011). Drawing on these practices that promoted health and wellbeing in Indigenous communities, this article looks to explore the roles Indigenous cultures, including beliefs, customs, values, languages, spirituality, ceremony, games, foods, and traditions that are passed down from generation to generation, serve as protective factors for AIAN and NHPI against the adverse CCCs resulting from colonization (Gone, 2013; McIvor et al., 2009). As a protective factor, culture addresses the CCCs resulting from historical trauma and colonization to protect against undesirable outcomes or promote desirable outcomes through influencing behaviors (Henson et al., 2017). By increasing protective factors, cultural practices build resilience in ways that can prevent negative outcomes from occurring altogether (McIvor et al., 2009). Through ANA-funded community projects, this paper demonstrates how AIAN and NHPI communities utilize self-determination to build up resilience to colonization and historical trauma through cultural practices.

Methods

The data used in this paper was acquired through the ANA Social and Economic Development Strategies (SEDS) grant applications and Division of Program Evaluation and Planning (DPEP) evaluation processes using the Project Outcome Assessment Survey (POAS).⁷ The authors had ongoing access to this data as the second author, Ms. Zukowski, is the Director of DPEP at ANA. The first author, Dr. Gordon, worked for the DPEP department from 2019 through 2021, during which time she drafted the paper and completed the analysis. Although she is no longer at ANA, she worked with the second author to finalize the paper to submit for publication.

This article looks at data drawn specifically from the SEDS grant portfolio. The SEDS portfolio has the goal of promoting self-sufficiency for Indigenous Peoples through social, economic, and governance

⁶ It is important to note that although Indigenous cultures may share some commonalities, each Indigenous community is unique, and they are not static as culture continues to change with time.

⁷ Office of Management and Budget Control Numbers: SEDS portfolio grant applications (0970-0139); Objective Work Plan included in the SEDS grant applications (0970-0139); and the Project Outcome Assessment Survey (0970-0379).

development. The SEDS portfolio during these years includes six different FOAs or categories of SEDS grants which are all included in this data set. These include two ongoing programs and four initiatives: 1) SEDS grants are from 1–3 year projects and it is ongoing program; 2) SEDS for Alaska (SEDS-AK) are for 1–3 year projects and it is an ongoing program that only funds Alaska Native Village governments to increase their capacity; 3) Native Asset Building Initiative (NABI) accepted applications from 2011–2015 for 5-year projects to build capacity around financial literacy and asset building; 4) Sustainable Employment and Economic Development Strategies (SEEDS) accepted applications from 2014–2016 to fund 5-year projects to promote job growth and business development; 5) Native Youth Initiative for Leadership, Empowerment, and Development (I-LEAD) program, which accepted applications from 2016–2018 for 3- and 5-year projects which funded projects that took a strengths-based approach that emphasized culture, Native youth resiliency, Native youth capacity building, inter-generational engagement, and the empowerment and self-development of Native youth; and 6) Social and Economic Development Strategies for Growing Organizations (SEDS-GO), which thus far has accepted applications in 2020 and 2021 for 3-year projects and offers funding for organizations to build internal capacity to better serve their communities.

The SEDS portfolio was chosen for this article due to DPEP evaluators noticing the CCCs being addressed by culture in the POAS, but also because SEDS is the largest portfolio, typically including 65% of the new awarded ANA grants each year. ANA also awards grants for Native American languages through both the Preservation and Maintenance (P&M) and Esther Martinez Immersion (EMI) programs. All language grants directly address language loss as a result of colonization by focusing on Indigenous languages as a cultural protective factor. They were not included because they did not offer the same diversity as the SEDS grants in analysis. Additionally, ANA funds Environmental Regulatory Enhancement grants which address CCCs of traditional land loss through the protective factor of relationships with the land including subsistence and Traditional foods. These were not chosen due to the nature that very few are funded each year and they all address the same CCCs and protective factors.

The SEDS data for this project was acquired first through awarded applications in the portfolio from 2015 to 2020, for a total of awarded 204 projects. These projects came from across ANA's four regions: 22% were from Alaska; 19% were from the Pacific region; 33% came from the Eastern region; and 26% came from the Western region.

The first aspect of analysis was qualitative, utilizing project summaries and CCCs. Project summaries are the first page of the grant application and include a brief description of the proposed project, the need to be addressed, proposed services, and population to be served. Often applicants include their CCCs and project objectives in their summaries. CCCs are typically one to three sentences long. They describe a single challenge or issue the community wants to address that will be solved by the project. CCCs are not selected from a pre-specified list, but rather are identified and defined by the applicant for their community. Adverse CCCs are then addressed through anywhere from one to three project objectives to create a more ideal community condition.

Project summaries from these grant applications and their adverse CCCs explaining the reasons for their projects were pulled into an MS Access database where they were coded through both predetermined codes and a grounded theory approach of inductive coding, using the constant comparative coding method (Glaser & Strauss, 1967). The CCCs were coded through grounded theory for which detrimental aspects of colonization the project was addressing. First author Dr. Heather Gordon coded the data. When new codes emerged, she went back to the previous data and coded for those newly developed codes. The project summaries were coded for the inclusion of culture as a protective factor and which protective factor they used. These factors were predetermined by a review of the literature, are provided below, and are explained in detail in the discussion.

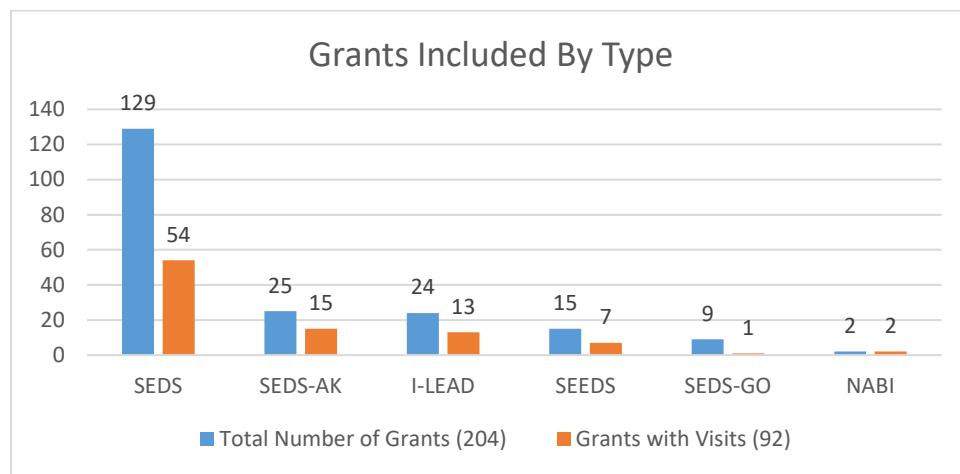
The second aspect of analysis was quantitative, utilizing scores DPEP evaluators assign projects after completing an end of the project impact visit (through 2021) on the projects awarded from 2015 to 2020 and utilizing the POAS. As per the *Native American Programs Act* of 1974, which established ANA, and its later amendments, ANA is required to conduct evaluations of the projects funded. Impact visits are an opportunity to gather qualitative and quantitative data about the project and to hear the story of the project as told through the grantees and project beneficiaries. DPEP staff are trained in conducting impact visits through shadowing visits conducted by an experienced evaluator and then being observed by an experienced evaluator while conducting their own visits. During the visit, staff typically spend a day at the project site, or if done virtually, 6 to 8 hours on a Zoom call. Data is gathered on processes to complete project objectives, achievements, challenges, and beneficiary stories. Typically, 83% of all ending projects are visited (Administration for Native Americans, 2021). At the end of the visit, evaluators provide an effectiveness rating and an impact rating.

See Table 1 for the effectiveness and impact ratings of the visits. The effectiveness ratings are based on the project's completion of their objectives through completion of all the activities the grantee outlined in their application under each objective with a 4 being given for a project that exceeded their objectives and achieved more than they had planned. The impact rating is also on a 4-point scale, a 4 being significant positive impact from the project in the community. The impact ratings are more subjective than the effectiveness ratings and depend on the evaluator's understanding from the interview and interviews with project beneficiaries on the effects of the project on the community, different areas the project impacted the community, the depth and breadth of the impact, and finally any unplanned benefits from the project. Effectiveness and impact ratings from SEDS grants awarded between 2015 and 2020 that had received an impact visit between 2016 and 2021 were entered into the MS Access database. While DPEP staff at ANA is typically around 4 to 5 people plus a supervisor, due to staff turnover, seventeen different DPEP evaluators conducted the visits over these years, all under the same supervisor, second author Amy Zukowski.

Table 1. Effectiveness and Impact Ratings Chart

Effectiveness rating	Impact rating
4. Exceeded = greater than 100% completion of objectives	4. Significant Positive Impact
3. Successfully Met All = 90–100% completion of objectives	3. Positive Impact
2. Met Most = 51–89% completion of objectives	2. Moderate Impact
1. Did Not Meet = 50% or less completion of objectives	1. Minimal Impact

As shown in the figure below, 204 total grants were included in the analysis of CCCs and type of culture factor used, while 92 of those received impact visits. Their impact and effectiveness ratings are explored in the results section.



Social and Economic Development Strategies (SEDS); Social and Economic Development Strategies for Alaska (SEDS-AK); Native Youth Initiative for Leadership, Empowerment, and Development (I-LEAD); Sustainable Employment and Economic Development Strategies (SEEDS); Social and Economic Development Strategies for Growing Organizations (SEDS-GO); Native Asset Building Initiative (NABI).

Figure 1. Grants Included by Type

Results

Table 2 identifies the number of grants funded in the SEDS portfolio as new grants in each of these years, the number that were coded as using culture as a protective factor in their project summaries, and the percentage of the grants awarded each year that planned to utilize culture as a protective factor. Just under 50% of the SEDS portfolio grants awarded from 2015 to 2020 used or are using culture as a protective factor (CPF) to address their CCC.

Table 2. Grants Using Culture as a Protective Factor by Year

	2015	2016	2017	2018	2019	2020	Totals
# SEDS grants funded by year (all categories)	28	39	26	41	33	37	204
# of grants using culture as a protective factor	11	19	12	27	18	14	101
% of grants using culture as a protective factor	39%	49%	46%	66%	55%	38%	49.5%

The majority of grants addressed multiple CCCs, so were not coded with just one condition per grant. It is important to note that the CCCs of all 204 grants addressed the results of colonization, demonstrating that all SEDS grants funded from 2015 to 2020 were written to address current issues in their community stemming from colonization and historical trauma. Figure 2 demonstrates the topics of the CCCs resulting from colonization and historical trauma the 204 SEDS grants were planning to address. Economic needs were some of the highest, including lack of employment, poverty, and lack of education. Loss of culture was the second most adverse CCC being addressed.

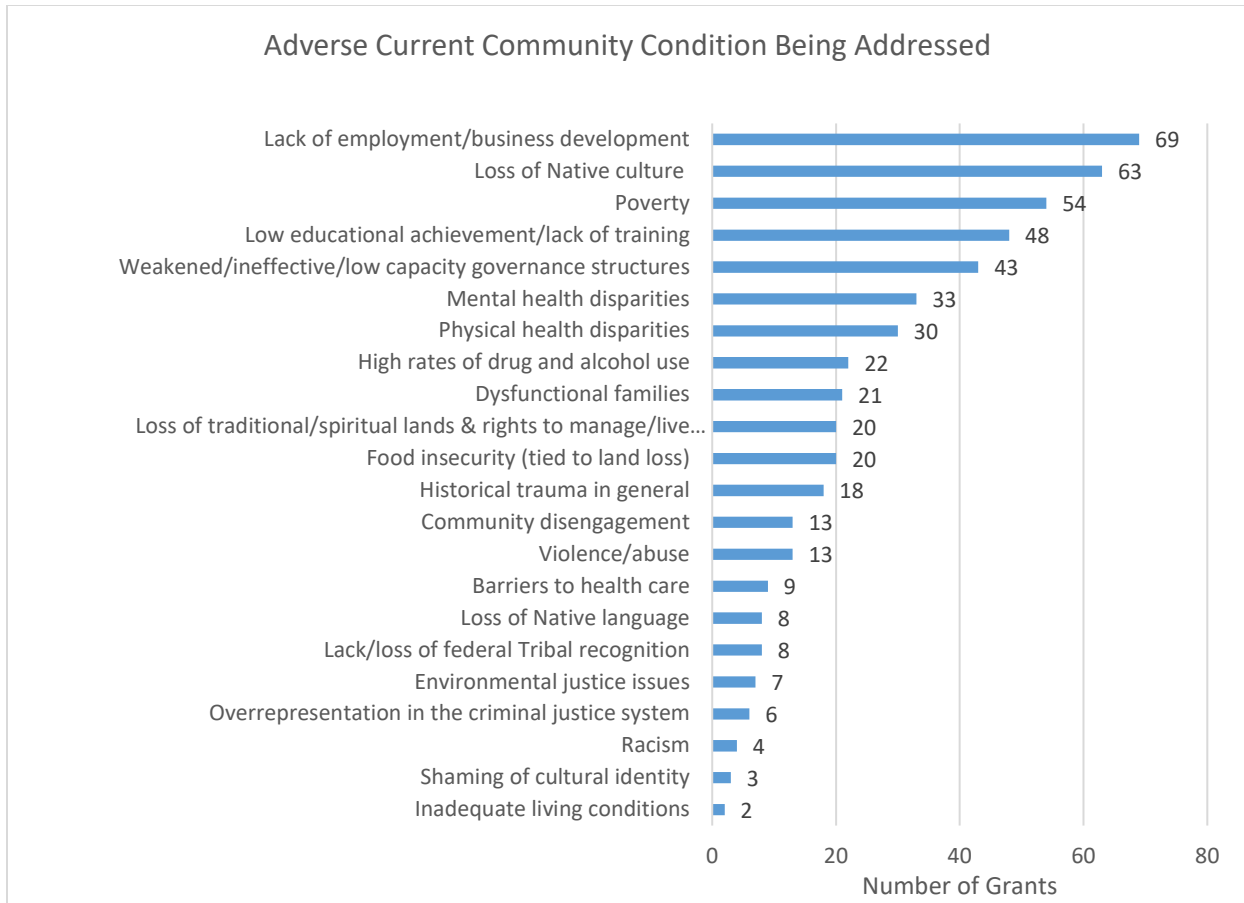


Figure 2. Adverse Current Community Condition Being Addressed

The graph in Figure 3 identifies the number of CCCs each of the grants set out to address in their project. For example, 74 grants addressed one CCC, while 49 addressed two.

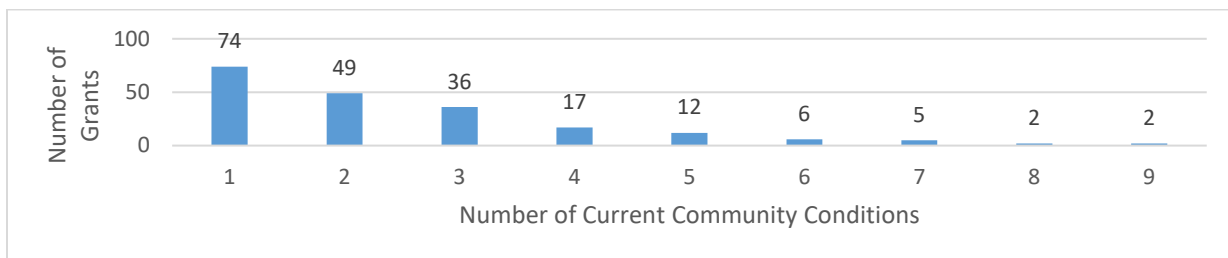


Figure 3. Number of Current Community Conditions Identified per Project

When coding the projects with the predetermined culture factor codes drawn from the literature, 101 of the total 204 grants utilized culture as a protective factor, and some of them utilized more than one type of culture as a protective factor. The graph in Figure 4 shows the protective factors being used to address the CCCs. These include Enculturation and Indigenous Identity Formation (utilized by 58 total grants); Traditional Activities and Games (54); Relationships with the Land, including Subsistence and Traditional Foods (43); Social Connectedness: Family, Intergenerational, Elders, and the Community (29); Indigenous Languages (16); and Spirituality and Ceremony (13). Many of these cultural factors are intertwined with one another. However, the coding was done based around what was identified in the project aspect as the goal of the project. For example, sometimes a project had an objective to enculturate youth, and other times an objective would say they would want to engage youth in canoe making, not mentioning enculturating, but rather a traditional activity.

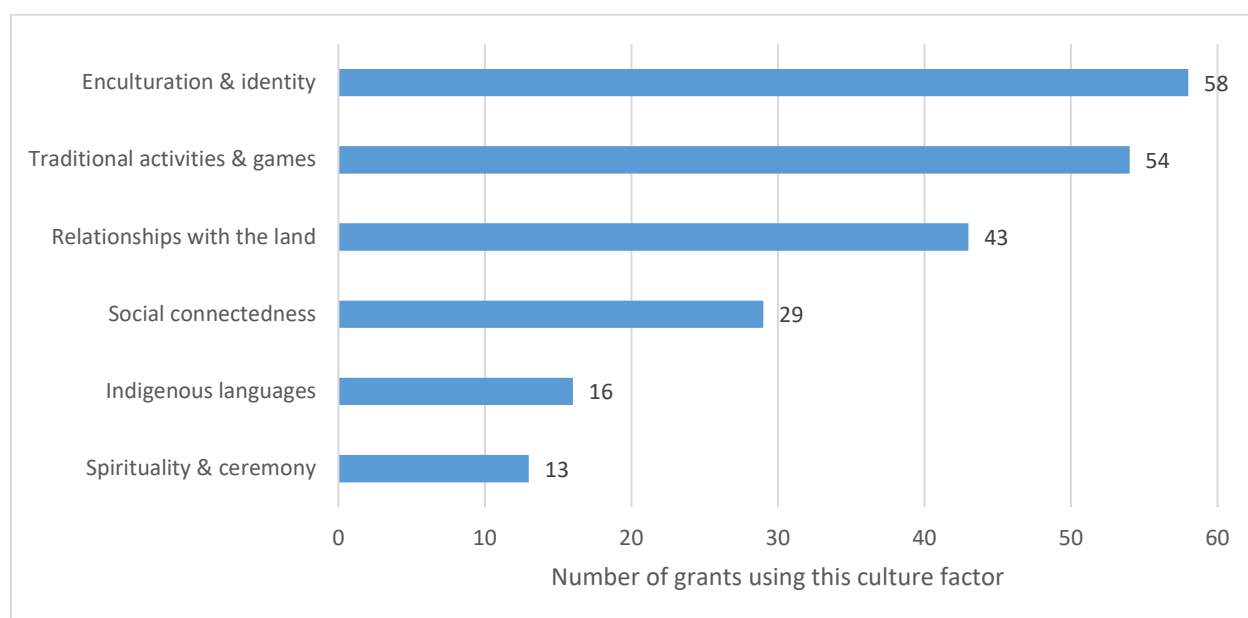


Figure 4. Types of Culture as Protective Factor Being Used

The graph in Figure 5 shows the number of cultural protective factors each of the 101 grants planned to use to address their one or more CCCs. Fifty-three projects planned to use only one cultural factor, while 19 projects were planning to use two or three cultural factors in their objectives.

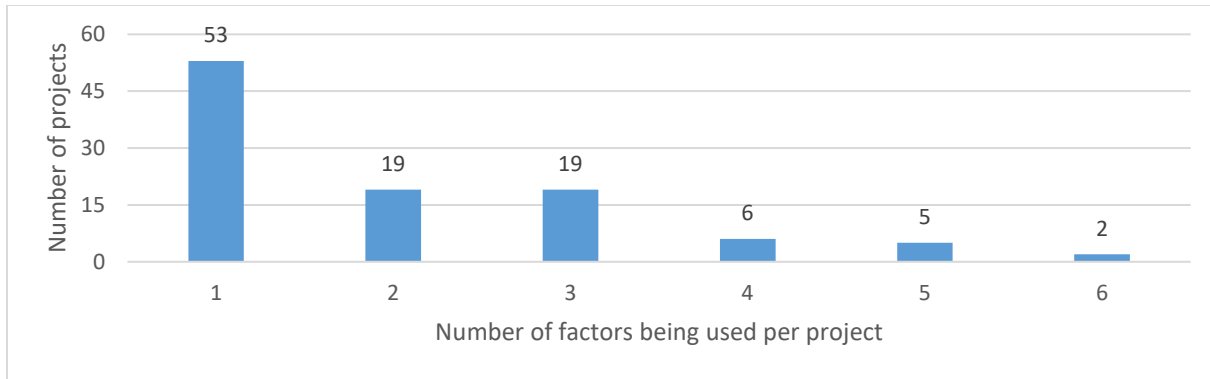


Figure 5. Number of Culture Factors Being Used Per Project

Of the 101 grants that used culture as a protective factor, 45 of those had completed projects and received impact visits. Table 3 shows which culture factors those grants used. (Remember to note that projects were coded with multiple culture factors if they drew on multiple.) We calculated the means of both the effectiveness and impact scores. The culture factor with the highest effectiveness mean was social connectedness at 3.42, which demonstrates that grants drawing on connectedness had the highest likelihood of achieving their objectives, followed closely by relationships with the land. When looking at impact scores, spirituality and ceremony had the highest mean of 3.78, although they did not have a large number of visits, only nine. Social connectedness had the next highest impact mean at 3.68 for 19 visited grants, suggesting that projects addressing their CCC(s) with spirituality and ceremony and/or social connectedness might have larger impacts on their community.

Table 3. Means of Effectiveness and Impact Ratings by Culture Factor

Culture factor	Frequency of grants with visits from 2016–2021 coded by culture factor (45 total)*	Percentage of grants visited from 2016–2021 by culture factor*	Effectiveness score mean
Social Connectedness: Family, Intergenerational, Elders, and the Community	19	42%	3.42
Relationships with the Land including Subsistence and Traditional Foods	18	42%	3.39
Spirituality and Ceremony	9	20%	3.33
Enculturation and Indigenous Identity Formation	23	51%	3.13
Traditional Activities and Games	20	44%	3
Indigenous Languages	7	16%	2.57
Culture factor	Frequency of grants with visits from 2016–2021 coded by culture factor (45 total)*	Percentage of grants visited from 2016–2021 by culture factor*	Impact score mean
Spirituality and Ceremony	9	20%	3.78
Social Connectedness: Family, Intergenerational, Elders, and the Community	19	42%	3.68
Enculturation and Indigenous Identity Formation	23	51%	3.61
Relationships with the Land including Subsistence and Traditional Foods	18	42%	3.56
Traditional Activities and Games	20	44%	3.5
Indigenous Languages	7	16%	3.29

*Note that projects were coded with multiple culture factors if they drew upon more than one to address their current community condition. This table is based on the 92 grants that received a visit, of which 45 drew on culture as a protective factor and are coded here. Theoretically a grant could be scored 1, 2, 3, or 4 as explained in Table 1. The effective score range was also 1, 2, 3, or 4.

It is important to note that while SEDS-AK, SEDS, and SEEDS projects received visits from 2016 to 2021, both prior to COVID-19 (2016–2019) and after COVID-19 (2020–2021), NABI, SEDS-GO, and I-LEAD projects only received visits in 2020 and 2021. This means that all projects in the sample had activities occurring during COVID-19. COVID-19 caused difficulties in conducting activities and required modifications in methods and activities by nearly all grantees. COVID-19 affected the abilities for grantees to meet their objectives (effectiveness scores) and reach their communities (impact scores). Prior to COVID-19, DPEP expected to see high scores for I-LEAD grants as using culture as a protective factor and inter-generational engagement between youth and Elders was part of the FOA; however, these activities were not possible during COVID-19 which not only brought down effectiveness and impact scores for I-LEAD projects but for All Types as well, see Figure 6. For those SEDS programs not impacted by COVID-19 impact evaluation scoring, the directionality of the mean shows that projects using culture as a protective factor are getting pulled up.



Native Youth Initiative for Leadership, Empowerment, and Development (I-LEAD); Social and Economic Development Strategies for Alaska (SEDS-AK); Social and Economic Development Strategies (SEDS); Sustainable Employment and Economic Development Strategies (SEEDS); Native Asset Building Initiative (NABI); Social and Economic Development Strategies for Growing Organizations (SEDS-GO); Culture as a protective factor (CPF).

Figure 6. Means of Effectiveness and Impact Ratings if Using Culture as a Protective Factor by Grant Type

Only SEDS, All Types of projects, and All Types (except I-LEAD, NABI, and SEDS-GO) had larger numbers and similar numbers of visits of projects using and not using culture factors and thus these were the only categories analyzed for significance. Table 4 demonstrates the significance of the impact and effectiveness scores of these types of projects when the projects used culture as a protective factor to address their CCC compared to projects that did not use culture as a protective factor. Results below are of population means and thus utilize a two sample two tailed t-test. The null hypothesis for both SEDS and all types of grants is $H_0: \mu_1 = \mu_2$ or that the two population means will be equal for both effectiveness and impact scores and SEDS and all types of grants utilizing culture as a protective factor do not have higher effectiveness or impact scores but instead have equal scores to grants not using culture as a protective factor. The alternative hypothesis is $H_1: \mu_1 \neq \mu_2$ for all tests of effectiveness and impact rating, finding that the two population means are not equal.

Consistent with the null hypothesis, the SEDS grants using culture as a protective factor ($M = 3.50$, $SD = 0.65$) had significantly greater effectiveness scores (at a significance level of $p < 0.05$) than SEDS grants not using culture as a protective factor ($M = 3.08$, $SD = 0.77$, $p = 0.02$). There was no significance of SEDS grants using culture as a protective factor in impact scores or for All Types of grants using culture as a protective factor for effectiveness or impact scores. The difficulties COVID-19 posed for I-LEAD projects is again seen here in the All Types means being lower, especially in regard to most I-LEAD projects using culture as a protective factor. Testing All Types without I-LEAD, SEDS-GO, NABI projects which all only had scores after COVID-19 using culture as a protective factor ($M = 3.44$, $SD = 0.66$) was consistent with the null hypothesis and had a statistically significantly effectiveness scores (at a significance level of $p < 0.01$) than All Types without I-LEAD, SEDS-GO, NABI projects not using culture as a protective factor ($M = 3.00$, $SD = 0.77$, $p = 0.009$). Testing the same for impact scores again resulted in no significance.

Table 4. Tests of Significance on SEDS and All Types of Grants Utilizing Culture as a Protective Factor on Effectiveness and Impact Rating

Grant type	Number of visits	Effectiveness score mean	Effectiveness SD	<i>P</i> of CPF effectiveness
SEDS with CPF	28	3.50	0.65	0.02
SEDS without CPF	26	3.08	0.77	
All Types with CPF	44	3.25	0.84	0.17
All Types w/out CPF	48	3.04	0.76	
All Types (w/out I-LEAD, SEDS-GO, & NABI) with CPF	34	3.44	0.66	0.009
All Types (w/out I-LEAD, SEDS-GO, & NABI) without CPF	43	3.00	0.77	
Grant type	Number of visits	Impact score mean	Impact SD	<i>P</i> of CPF impact
SEDS with CPF	28	3.61	0.58	0.15
SEDS without CPF	26	3.23	0.63	
All Types with CPF	44	3.52	0.63	0.17
All Types w/out CPF	48	3.33	0.66	
All Types (w/out I-LEAD, SEDS-GO, & NABI) with CPF	34	3.56	0.56	0.06
All Types (w/out I-LEAD, SEDS-GO, & NABI) without CPF	43	3.29	0.67	

Social and Economic Development Strategies (SEDS); Social and Economic Development Strategies for Alaska (SEDS-AK); Native Asset Building Initiative (NABI); Sustainable Employment and Economic Development Strategies (SEEDS); Native Youth Initiative for Leadership, Empowerment, and Development (I-LEAD); Social and Economic Development Strategies for Growing Organizations (SEDS-GO); Culture as a protective factor (CPF)

Discussion: Understanding Culture as a Protective Factor to Address CCCs

This article set out to show how the intentional transmission of Indigenous culture through the identified protective factors addresses issues stemming from colonization and historical trauma.

The next section of the article explains more about the different types of culture drawn on as protective factors by providing examples from ANA POAS and grant applications of grantees utilizing culture to address their adverse CCCs. These culture factors are connected to one another and many of the projects were coded as drawing on more than one cultural factor. The grantees featured in this section had projects that went above and beyond their original objectives. Those featured scored a 4 in effectiveness, meaning they exceeded their objectives and accomplished greater than 100 percent completion of their original objectives. They also had a 4 for impact, which means there was a significantly positive impact on the community (not significantly in terms of *p* values but in impact rater review).

Enculturation and Indigenous Identity Formation

Projects analyzed in this article utilized the cultural factor of enculturation and Indigenous identity formation more than any other (58 projects). Enculturation is the process through which Indigenous people learn about their own culture, identify with it, and are embedded in it (Whitbeck, Chem, et al., 2004). Research has shown that when Indigenous people are enculturated it: 1) promotes resilience; 2) protects against substance use and abuse, physical and mental health issues, and suicide rates; 3) brings Indigenous people a sense of pride and belonging; 4) situates them within a collective community; 5) increases participation in ceremonies; and 6) expands familial and community support (Bassett et al., 2012; King, et al., 2019; McIvor et al., 2009; O'Rourke et al., 2018; Wexler, 2014; Whitbeck, Chem, et al., 2004). When looking at enculturated Indigenous youth specifically, they have: 1) higher academic performance, 2) reduced school drop-out rates, 3) increased involvement in the community, 4) personal wellness, 5) a positive self-image, 6) improved self-esteem, 7) cultural pride, and 8) cultural connectedness (Henson et al. 2017; Hishinuma et al., 2009; Mmari et al., 2010; Penn et al., 2008; Pharris et al., 1997; Whitbeck et al., 2001; Yoder et al., 2006). These positive youth outcomes are tied to a reduction in suicidal and delinquent behaviors, tobacco, alcohol, substance use, school bullying, violence, depression, and suicide attempts.

In this data set, ANA funded seven grantees who drew on enculturation and Indigenous identity formation to address their CCCs that scored a 4 for both effectiveness and impact. The Native American Indian Center of Central Ohio, Inc. (NAICCO) received one of these grants. NAICCO, an urban Indian Center in Columbus, OH, received a three-year SEDS grant from 2016 to 2019. The grant addressed intergenerational historical and culture trauma as well as substance use and other determinantal coping methods that resulted from these traumas. The center is in an urban area and serves the many Indigenous people that live away from their Tribes, reservations, and historic land bases. NAICCO hosted over 75 gatherings across the three years of the grant, averaging 20 people in attendance per gathering. They served 638 different people who were members of 64 different Tribal nations. While inter-Tribal, the gatherings enculturated attendees into shared Indigenous culture, values, and ceremonies. One attendee explained, "I felt this has been a family for us. Activities have cultural and spiritual connectedness for youth and adults. It is hard in an urban setting when you have no cultural support around you."

Participants were enculturated through ceremonies, language use, and harvesting and processing Indigenous medicines and foods. The project brought healing and a strong sense of both belonging and being home to those who participated. A teenage participant shared, "As an urban Native, I enjoyed connecting with people. I grew up in a non-Native area . . . The Center is part of my family. I learned how to keep fire, language, cut wood, and just talk to people . . . People accepted me when I went home to my reservation." In the continental U.S., 71% of Indigenous Peoples are urban Natives (Urban Indian Health Institute, 2022). However, many do not grow up with a strong sense of their culture and

Indigenous identity. Projects focusing on enculturation and developing an Indigenous identity are vital to cultural survival and wellbeing of Indigenous Peoples.

Traditional Activities and Games

Traditional activities and games were the second most common protective approach utilized by grantees (54 projects). Activities and games include storytelling, pow-wows, carving, canoeing, beadwork, basket weaving, sewing, making traditional regalia or clothing, and games such as lacrosse, stick games, World Eskimo Indian Olympics, hand games, and others. The activities and games improve mental health and teach leadership skills, self-esteem, self-discipline, and how to work cooperatively. Research on traditional activities and games has found that they: 1) help develop appropriate risk-taking skills, strength, and speed (Schroeder, 1995); 2) result in less depressive symptoms in Elders (Whitbeck et al., 2002); 3) serve as a protective factor against suicide in Indigenous men (Pharris et al., 1997); and 4) help youth feel connected, belonging, and holistically well (Newman et al., 2023).

In this data set, ANA funded six grantees drawing on traditional activities and/or games to address CCCs that scored a 4 for both effectiveness and impact. As one of these grantees, the Na Kalai Wa'a (NKW), a Native Hawaiian nonprofit on the Big Island, received a three-year SEDS grant from 2016 to 2019. The project, Hanauna Ola—Sustaining Generations Through Voyaging, addressed cultural loss by passing on cultural values, knowledge, and practices of deep-sea voyaging utilizing the double-hulled sailing canoe, Makali'I, to the next generation. Master Navigators, along with other experienced Elders and adults, trained younger voyagers (14 to 60 years old) to serve as captains, navigators, watch captains, quartermasters, and crew. NKW partnered with 10 school groups and taught over 500 students the knowledge and practices of voyage support. This included learning to cultivate plants in canoe gardens and preserve the food to be taken on voyages through canning, dehydrating, and freeze drying. In the final summer of the grant, 37 of the 42 trainees and the master navigators embarked on a 1,300-nautical-mile voyage to the islands of Nihoa and Mokumanamana to demonstrate the cultural knowledge, practices, and skills learned by their three years of voyage training.

The project taught community members how to grow and process their traditional foods, moving them away from retail stores' highly processed foods that were leading to high blood pressure, gout, and other health conditions. Through engaging in the traditional activities of sailing and gardening, participants developed a deeper relationship to their natural resources, awareness of the seasons, and health benefits from eating local food. Voyage trainees learned the ancient arts of navigation by the elements, weather observation, and the protocols to ensure safe voyage for the mind, body, and spirit of the crew and the canoe. Traditional activities like canoe sailing in Hawaii teach a purpose beyond recreation, helping to build skills like leadership and teamwork for survival and life.

Relationships with the Land including Subsistence and Traditional Foods

Relationships with the land was the third most used aspect of culture as a protective factor (43 projects). Indigenous peoples have lived on the earth and stewarded the land for millennia, guided by a relationship-based approach to life, believing all forms of life, including humans, the land, plants, and animals, are all sacred (Kealiikanakaoleohaililani & Giardina, 2016). This relational approach to life is taught to youth from an early age as they learn about the land through subsistence practices, Traditional foods, songs and dances about life and hunting, and stories from their Elders (Kawagley, 1995). While many Indigenous people have been displaced through colonization, there are movements to return to Traditional foods in order to address health issues in their communities stemming from colonization (Satterfield et al., 2016). Indigenous communities are working towards food sovereignty and reinvigorating their communities with their traditional subsistence lifestyles, agriculture, and animal husbandry. These intergenerational projects educate community members on cooking, nutrition, and Traditional foods to promote health and prevent chronic illnesses. These efforts work to connect people to the land for more than just physical health, but for the spiritual, emotional, and mental benefits from having a relationship with the land (Wilson, 2003).

In this data set, ANA funded six grantees that drew on relationships with the land to address adverse CCCs that scored a 4 for both effectiveness and impact. The California Indian Museum and Cultural Center (CIMCC), a non-profit, is one of these grantees. CIMCC is located in Santa Rosa, CA, and managed a SEDS I-LEAD grant from 2018 to 2021. Given how integral traditional foods are to community health and wellness, the project set out to address the lack of local food sovereignty as well as the loss of knowledge of Traditional foods in Pomo and Miwok communities. CIMCC taught youth leadership skills around traditional foods to assert Indigenous food sovereignty. They chose 12 Indigenous youth, ages 11 to 24, to become Tribal Youth Ambassadors (TYA) in the Sonoma, Lake, and Mendocino counties.

Taught by culture-bearers, youth learned about food sovereignty in their region through place-based teachings around plant identification, collection, and processing. They also learned about land stewardship and fire-ecology that needed to be practiced for Traditional foods to grow. Youth learned cultural values that emphasized relationality and reciprocity between humans and the natural environment to help them connect with the land. In the last year of the project, the TYAs utilized what they had learned to draft strategic plans for Traditional foods to help local Tribal Nations with food sovereignty. Thus far, two communities and a separate community organization passed the food sovereignty plans the youth wrote through formal resolutions. The TYAs emerged as leaders in regional food sovereignty with strong connections to their ancestral knowledge and lands. One TYA explained, “Our traditional foods impact not only our physical health but also our mental and spiritual health as we are able to connect culturally.” Through connection to the land and Traditional foods, Indigenous Peoples preserve their cultures and are nourished in more than just physical ways.

Social Connectedness: Family, Intergenerational, Elders, and the Community

Social connectedness was the fourth most used type of culture as a protective factor (29 projects). In an Indigenous perspective, connectedness is more than just having relatives or friends, it extends to accountability and responsibility for the wellbeing of others, including oneself as an individual, one's family, family by marriage or adoption (not necessarily Western culture's formal adoption), friends, neighbors, Elders, the community, and culture as well (Schultz et al., 2016; Tagalik, 2010; Tagalik, 2015). In many Indigenous communities, traditional terms of kinship extend beyond only blood relatives where all members of the community are seen as family and everyone helps teach and guide children: all those the age of Elder may be called grandparents, non-parental adults are called aunts and uncles, while youth are brothers, sisters, and cousins (Ullrich, 2019). Intergenerational relationships are critical for the survival of Indigenous cultures, and Elders serve as mentors and pass on culture through stories, ceremonies, as well as cooking and sharing meals together (Burnette et al., 2020; Drywater-Whitekiller, 2006). Connectedness is tied to wellbeing, happiness, and healing as people visit each other, hunt and gather together, and meet for ceremonies and feasts. These cultural practices bond people to one another through a sense of belonging, relationality, support, and inclusion which involves cultural forms of affection, praise, and emotional support. As a result, this community connectedness prevents risk behaviors and negative physical and mental health issues such as substance use and suicide (Kral et al., 2011; Mohatt et al., 2011; Mohatt et al., 2004).

In this data set, ANA funded 10 grantees that drew on social connectedness to address CCCs that scored a 4 for both effectiveness and impact. Native PRIDE (Prevention, Research, Intervention, Development, and Education), an American Indian non-profit located in Albuquerque, NM, managed a 5-year SEDS I-LEAD grant from 2016 to 2021. Native PRIDE partnered with the Northern Cheyenne Boys and Girls Club in Lame Deer, MT, Poplar School District on the Fort Peck Reservation in MT, Little Wound School in Kyle, SD, and American Horse School in Allen, SD, both on the Pine Ridge Reservation, to address at-risk behaviors in the youth populations. These behaviors included substance abuse, bullying and violence, negative peer pressure, unhealthy relationships, suicide, suicidal ideation, and lack of connections to their cultures and spirituality.

The project set out to address these issues through drawing on cultural resilience in regard to four measures: 1) knowledge and connections; 2) language involvement and usage; 3) sense of community and attachment to community; and 4) intergenerational connections. Each community received two trainings by Native PRIDE which were followed up with support through Talking Circles, monthly youth councils, and mentoring of youth by adults and Elders. Mentoring included cultural activities specific to each community such as naming ceremonies, rites of passage, and visiting sacred sites. The project exceeded its goal of training 400 youth and ended up training 1,640 youth. Looking at all the four communities combined, the average community cultural resilience score across the four measures outlined above increased from the baseline score of 2.6 (which considered the communities at-risk-to-safe) to 3.5 by the end of the project (which considered the communities safe-to-stable). Even once the

project ended, youth continued to engage in healing activities like youth councils, service to their communities, weekly talking circles, and cultural activities like spending time with Elders. Being connected socially is a large part of being Indigenous as “intergenerational connectedness leads to an awareness that we are never alone in this universe” (Ullrich, 2019, p. 123).

Indigenous Languages

As the fifth most used aspect of culture as a protective factor (16 projects), Indigenous languages are a grounding and central part of Indigenous identity as well as cultural continuity. (Remember that this number of projects is low due to Indigenous languages having their own funding streams and not being a central part of SEDS projects.) Speakers have a strong sense of Indigenous identity which is connected to the beliefs, values, and concepts embedded in the language. Learning one’s language helps heal the cultural disconnect people feel from colonization, resulting in enhanced mental health, happiness, and a reduction in alcohol use (Dockery, 2011; Healey & Meadows, 2008; Kirmayer et al., 2011; Pearce et al., 2015). Being able to speak their Indigenous languages reduces suicidal thoughts, attempts, and completed suicides in Indigenous people (Ball, & Moselle, 2013; Hallett et al., 2007). Additionally, participation in language revitalization programs, such as the mentor-apprentice model, has been shown to improve wellbeing, strengthen Indigenous identities, heal Elders who attended boarding school, connect people to their ancestors, increase their cultural knowledge, and even help participants stop their dependence on drugs and alcohol (Jenni et al., 2017).

In this data set, ANA funded one grantee, Rural America Initiatives (RAI), that drew on Indigenous languages to address CCCs that scored a 4 for both effectiveness and impact. RAI is a non-profit based in Rapid City, SD, who managed a 3-year SEDS grant on Wicozani (Good Health and Wellness in the Lakota language). RAI works to strengthen families through incorporating Lakota language, values, and traditions into their programming. The goal of this project was to develop a culturally appropriate, sustainable life skills education and support process for American Indian youth and their families in Rapid City. This project wanted to build youth resiliency and assist youth in healing from trauma they endured throughout their lives. They included multiple factors in the project: Indigenous language, enculturation and Indigenous identity formation, social connectedness, spirituality, and traditional activities.

RAI developed a Skills for Youth curriculum and established an American Indian Resource Center which was also virtual. They held after school classes with students who all learned to develop a business plan, set goals, and open a bank account. They helped community members apply for jobs. The most successful part of the project was its mentorship and cultural classes. The classes included making greeting cards with Lakota syllabary, playing stick games, as well as learning to make fry bread, ribbon skirts, and shawls, and learning to bead. Indigenous people in Rapid City do not see their culture in the city, and RAI created the opportunity for youth to learn about their culture. Students who participated had improved behavior at school, learned about their culture, and felt pride about being Lakota. A single mom, also a teacher, explained that both her students and children were in the Lakota language class. As

a single mom, she only knows the Lakota teachings for women. Her son was learning the teachings and roles for a man through the Lakota language classes. Indigenous languages hold all the knowledge of that culture, the protocols, the ceremonies, and stories. Youth learning their Indigenous language passes on cultural, ceremonial, and story-based knowledge and ensures cultural continuity.

Spirituality and Ceremony

Spirituality and ceremony were the sixth most used protective factor (13 projects). Spirituality is an element of culture that organizes the world through explaining relationships with the natural world, relationships with others, transcendence, and provides meaning to the believer or practitioner (Hazel & Mohatt, 2001). Connection and belief in traditional Indigenous spirituality and using traditional cultural forms of medicine protects Indigenous people and their communities against the results of historical trauma and colonization such as alcohol use and suicide (Garrouette et al., 2003; Yu & Stiffman, 2007). Indigenous forms of spirituality both protect people from addictions and aid in the recovery process. This is due to Indigenous people have a worldview that is both connected to the natural world and is circular, promoting balance through physical, emotional, cognitive, and spiritual processes to help to protect the family and promote sobriety (Hazel & Mohatt, 2001; Walters, Beltran, et al., 2011).

In this data set, ANA funded five grantees that drew on spirituality and ceremony and scored a 4 for both effectiveness and impact. Trickster Art Gallery (Trickster) is an Indigenous nonprofit located in Schaumburg, IL. Trickster managed a 3-year SEDS grant from 2018 to 2021 to address some of the issues facing Indigenous Veterans, including lack of cultural knowledge, the role of women Veterans, and communication between women, young, and Elder Veterans for healing. Trickster held planning meetings with each of the five communities they were partnering with prior to holding trainings to learn the community needs and make sure they were tailoring their trainings to the local culture. They conducted 2.5 days of training in each of the communities, setting the agenda with the participants after breakfast on the first day. The second and third days covered training, as well as Elder veterans educating younger veterans. Trickster brought together medicine men, spiritual leaders, Elders, and Veterans so that Veterans could learn about ceremonies specific to their community, such as sweats in the sweat lodge, naming ceremonies, healing ceremonies, warrior ceremonies before going into military service, and also cleansing ceremonies for warriors returning home.

The Elder Veterans played a key role in helping the younger Veterans to relax, understand, and engage in the ceremonies. There were discussions around how to adjust to the Red Road or a more Indigenous traditional life after being on the Green Road (which was an Indigenous person following military traditions). Learning about the ceremonies was healing for Veterans. Trickster created spaces for conversation, storytelling, sharing Indigenous knowledge, and finding common ground for Veterans to support one another and talk openly about their experiences. While intending to serve 75 Veterans through the grant's 5 partnerships, they were able to serve 90 Veterans. Eighty percent of those who participated increased their knowledge about warrior ceremonies by 75 percent. The sessions were so valued and meaningful that although the grant funded visits to only the 5 original partnerships, Trickster

ended up conducting the training with 2 additional communities, one being a women's only Veteran's group. Trickster created three documentaries about Native American Veterans, and they were all featured on PBS with thousands of viewers. Connecting Veterans back to their cultures was healing, especially for combat Veterans. Through spirituality and ceremony, Indigenous people ground themselves in their cultures, beliefs, and were able to achieve balance to heal.

Policy Implications

As the article's first goal set out to show, culture was used as a protective factor to address their adverse CCCs for 101 of the 204 total included. SEDS projects were found to have significantly ($p = 0.02$) higher effectiveness ratings and greater likelihood of accomplishing their objectives when using culture as a protective factor. Additionally, all types of grants minus those with only visit scores during COVID-19 were found to have statistically significant ($p = 0.009$) effectiveness scores when using culture as a protective factor. Although colonization has significantly impacted Indigenous communities, the power of culture as a protective factor was found to be a powerful and significant way to address colonization. Thus, we will now address the secondary goal, reflecting on how policy makers and funders can more intentionally incorporate Indigenous culture into funding opportunities for Indigenous people to create a space for applicants to build culture as a protective factor into their applications.

First, funders need to understand the power of culture as a protective factor in project success across vast current community conditions. This is key information to have in determining how to fund projects in Indian Country and with Indigenous communities and Tribal Nations in the U.S. and its territories. This is not just for social grants, the SEDS portfolio funds projects that address social issues like education and early childhood, strengthening families, arts and culture, health, nutrition, and fitness, suicide prevention and mental health, Elder care, youth leadership and development, and Indigenous language programs; economic issues like financial literacy, asset building, entrepreneurship, micro business, personal finance, employment training and placement, job and business growth; governmental issues like capacity and organizational growth, Tribal sovereignty, emergency preparedness, technical infrastructure, and federal recognition; justice issues like missing and murdered Indigenous people, restorative justice, and human trafficking; and land issues like agriculture, subsistence development, and food security.

ANA is only able to fund approximately 55 new projects a year, approximately 36 new SEDS profile projects. These are usually 1 to 5 years long with budgets that range from \$300,000 to \$500,000 a year per project. With its current operating budget, ANA alone cannot meet this need. Second, other private granting foundations as well as many of offices in the U.S. government that fund Indigenous Tribal

Nations and organizations⁸ can learn from these results by funding cultural projects. These organizations can include culture as a protective factor in their funding announcements.

Third, funders need to recognize that Indigenous methods, methodologies, and culture are rigorous approaches. When an Indigenous organization and/or Tribe submits a grant application that includes a cultural component to address a social issue, an economic issue, a governmental issue, a land issue, or even a justice issue, this does not mean there is a lack of rigor in the proposed project. It means that the project is grounded in the community and has a greater chance of succeeding and meeting the project objectives.

Fourth, grounding projects in the community and culture instead of only economics are key concepts for not only the executive branch but also the legislative branch to understand. Indigenous Peoples engaging with their culture are stronger than when they are forced to fit into a culture not their own, as evidenced by the historical trauma resulting from colonization experiences such as boarding schools and urban relocation. Seeing the extensive poverty in many Indigenous communities and reservations, caused exclusively from colonization, oftentimes Congress moves to create economic stimuli and funding opportunities. However, ignoring Indigenous cultures weakens any movement towards economic prosperity in Indigenous communities. The *Indian Community Economic Enhancement Act of 2020* addressed many organizations, but in regard to ANA, they stipulated that 50% of ANA 2021 funding had to go to economic development, which gave priority to projects addressing Tribal codes or a court system around economic development, community development financial institutions and needed training, and developing a “Tribal master plan for community and economic development and infrastructure” for economic development. While the act did mention that the Harvard Project on American Indian Economic Development found that successful economies in Indigenous communities are governed by culturally appropriate institutions, this does not address the importance culture plays in helping the projects reach their specific objectives, as explained in the discussion.

Fifth, taking a Western approach to economic disparity completely ignores the many factors that are underlying it in Indigenous communities that need to be addressed first (or at least at the same time). Some of the identified factors by ANA grantees include substance use, lack of education, unsafe homes, and even lack of enculturation. Without addressing these underlying issues, there is often not capacity to do the things the Act outlines, or the types of economic investment outlined in the Act might be lower on the priority list for Indigenous communities than other things more pressing that may seem more social but actually benefit the community economically as well. Western economic understanding fails to take into account how the SEDS funding addressing youth development or passing down cultural practices of canoeing can actually help lead Indigenous communities to economic prosperity by helping

⁸ Including the Department of Health and Human Services, Department of the Interior, Department of Education, Department of Agriculture, Department of Housing and Urban Development, Department of Energy, Department of Labor, Department of Justice, Department of Treasury Community Development Financial Institutions Fund, Small Business Administration, Environmental Protection Agency, and National Science Foundation.

to address historical trauma and creating young people interested in school, attending higher education, and establishing businesses in their communities. It is culturally grounded work that is actually a “master plan” for economic development; it builds up people and the communities from babies to adults with firm Indigenous identities and knowledge of their culture, steering them away from adverse CCCs like substance use and violence. The grantee examples discussed above demonstrate the value of ANA investments and what Indigenous Peoples can do to create strong, vibrant communities; it is those grantees that addressed colonization and historical trauma through culture.

Conclusion

ANA funds projects that are both developed and led by Indigenous communities which promote their self-determination in addressing colonization. This article explains how the negative CCCs that come about from colonization and resulting historical trauma are addressed through utilizing Indigenous culture as a protective factor. All 204 ANA SEDS grants in this article identified their CCC as an issue resulting from colonization. As the article’s first goal set out to show, culture was used as a protective factor to address their adverse CCCs for 101 of the 204 total included. SEDS projects were found to have significantly ($p = 0.02$) higher effectiveness ratings and greater likelihood of accomplishing their objectives when using culture as a protective factor. Additionally, all types of grants minus those with only visit scores during COVID-19 were found to have statistically significant ($p = 0.009$) effectiveness scores when using culture as a protective factor. Although, colonization has significantly impacted our communities, the power of culture as a protective factor was found to be a powerful and significant way to address colonization.

Although this article demonstrates the statistically significant power of culture as a protective factor in addressing adverse CCCs from colonization, this was already common sense to Indigenous people, and to the Indigenous authors of this piece. Indigenous cultures are our/their strengths. Our/their Indigenous Knowledges are made apparent in how grantees apply to grants using culture as a protective factor to conduct their projects when that is not mentioned in the FOAs. We know our culture is our strength. This article attempts to connect that Indigenous Knowledge to the academic, government, and policy realms. As shown in ANA grantee applications, Indigenous people may not approach an economic issue like poverty or high unemployment rates with traditional Western approaches like job trainings, apprenticeships, or the creation of a job center but instead teach youth to carve totem poles and connect them with their Elders, drawing on their Indigenous cultures. Grantees might also not address high suicide rates with counseling but instead with Indigenous language and canoe building classes, again, drawing on culture. The data shows that while grantees may identify poverty and high unemployment as their adverse CCC, they tie it to the colonization and historical trauma their people have experienced, and when they address it using culture as a protective factor, they are more successful in achieving their objectives than projects not drawing on culture. This article encourages funders to look

at how adverse CCCs are addressed through culture as a protective factor to meet social, economic, and governance needs.

References

- Administration for Native Americans. (2021). *Social and economic data review: 2014-2018*. <https://www.acf.hhs.gov/ana/news/social-and-economic-data-review>
- Alaska Native Claims Settlement Act, 43 U.S.C. § 1601 et seq. (1971).
- Alaska Native Claims Settlement Act Amendments of 1987, Pub. L. 100-241 (1988).
- American Indian Religious Freedom Act, Pub. L. 95-341, §2, Aug. 11, 1978, 92 Stat. 470 (1978).
- American Indian Religious Freedom Act Amendments of 1994, Pub. L. 103-344, §1, Oct. 6, 1994, 108 Stat. 3125 (1994).
- American Psychiatric Association. (2017). *Mental health disparities: American Indians and Alaska Native*. <https://www.psychiatry.org>
- ANCSA Regional Association. (n.d.). *About the Alaska Native Claims Settlement Act*. <https://ancsaregional.com/about-ancsa>
- Anderson, R. N., & Smith, B. L. (2003). Deaths: Leading causes for 2001. *National Vital Statistics Reports, 52*(9). National Center for Health Statistics.
- Ball, J., & Moselle, K. (2013). *Contributions of culture and language in aboriginal head start in urban and northern communities to children's health outcomes: A review of theory and research*. Prepared for Division of Children, Seniors & Healthy Development, Health Promotion and Chronic Disease Prevention Branch.
- Barnes, P. M., Adams, P. F., & Powell-Griner, E. (2010). Health characteristics of the American Indian or Alaska Native adult population: United States, 2004-2008. *National Health Statistics Reports, 20*, 1-22.
- Bassett, D., Tsosie, U., & Nannauck, S. (2012). "Our culture is medicine": Perspectives of Native Healers on posttrauma recovery among American Indian and Alaska Native patients. *The Permanente Journal, 16*(1), 19-27. <https://doi.org/10.7812/TPP/11-123>
- Berardi, G. (1999). Schools, settlement, and sanitation in Alaska native villages. *Ethnohistory, 46*, 329-359.

- Brave Heart, M. Y. H., Chase, J., Elkins, J., & Altschul, D. B. (2011). Historical trauma among Indigenous Peoples of the Americas: Concepts, research, and clinical considerations. *Journal of Psychoactive Drugs*, 43(4), 282–290. <https://doi.org/10.1080/02791072.2011.628913>
- Bullard, R. D., & Johnson, G. S. (2000). Environmental justice: Grassroots activism and its impact on public policy decision making. *Journal of Social Issues*, 56(3), 555–578. <https://doi.org/10.1111/0022-4537.00184>
- Burnette, C. E., Lesesne, R., Temple, C., & Rodning, C. B. (2020). Family as the conduit to promote Indigenous women and men's enculturation and wellness: "I wish I had learned earlier." *Journal of evidence-based social work* 17(1), 1–23. <https://doi.org/10.1080/26408066.2019.1617213>
- Burt, L. W. (1986). Roots of the Native American urban experience: Relocation policy in the 1950s. *American Indian Quarterly*, 10(2), 85–99. <https://doi.org/10.2307/1183982>
- Capacity Building Center for Tribes. (n.d.). *Culture is prevention: We are all connected*. <https://tribalinformationexchange.org/files/products/CultureisPrevention.pdf>
- Civilization Fund Act of March 3, 1819, ch. 85, § 1, 3 Stat. 516, 516 (codified as amended at 25 U.S.C.
- Cornell, S., & Kalt, J. P. (2003). Alaska Native self-government and service delivery: What works? *Joint Occasional Papers on Native Affairs* (JOPNA). Tucson and Cambridge: Udall Center for Studies in Public Policy and Harvard Project on American Indian Economic Development.
- Dawes Act of 1887, 46 Cong. Ch. 119, 24 Stat. 388, 25 U.S.C. § 331, repealed by the Indian Land Consolidation Act Amendments of 2000, Pub. L. No. 106-462, 114 Stat. 1992.
- Deloria, V., & Lytle, C. M. (1983). *American Indians, American justice*. University of Texas Press. <https://doi.org/10.7560/738331>
- Dockery, A.M. (2011). Traditional culture and the well-being of Indigenous Australians: An analysis of the 2008 NATSISS, CLMR discussion paper series 2011/01, Centre for Labour Market Research, Curtin University.
- Drywater-Whitekiller, V. (2006). What the dominant society can't give me: Perceptions of Native American Elders teaching Native Traditions. *Journal of Baccalaureate Social Work*, 12(1), 71–86. <https://doi.org/10.18084/1084-7219.12.1.71>
- Farrell, J., Burow, P. B., McConnell, K., Bayham, J., Whyte, K., & Koss, G. (2021). Effects of land dispossession and forced migration on Indigenous peoples in North America. *Science*, 374(6567). <https://doi.org/10.1126/science.abe4943>

- Feldstein, S. W., Venner, K. L., & May, P. A. (2006). American Indian/Alaska Native alcohol-related incarceration and treatment. *Centers for American Indian and Alaska Native Mental Health Research, 13*(3), 1–22. <https://doi.org/10.5820/aian.1303.2006.1>
- Fisher, L. D. (2017). “Why shall we have peace to be made slaves”: Indian surrenderers during and after King Philip’s war. *Ethnohistory, 64*(1), 91–114. <https://doi.org/10.1215/00141801-3688391>
- Garrouette, E. M., Goldberg, J., Beals, J., Herrell, R., Manson, S. M., & the AI-SUPERPFP Team. (2003). Spirituality and attempted suicide among American Indians. *Social Science & Medicine, 56*(7), 1571–1579. [https://doi.org/10.1016/S0277-9536\(02\)00157-0](https://doi.org/10.1016/S0277-9536(02)00157-0)
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. *Nursing Research 17*(4), 364. <https://doi.org/10.1097/00006199-196807000-00014>
- Gone, J. P. (2013). Redressing First Nations historical trauma: Theorizing mechanisms for Indigenous culture as mental health treatment. *Transcultural Psychiatry, 50*(5), 683–706. <https://doi.org/10.1177/1363461513487669>
- Graf, G. H. J., Chihuri, S., Blow, M., & Li, G. (2021). Adverse childhood experiences and justice system contact: A systematic review. *Pediatrics, 147*(1). <https://doi.org/10.1542/peds.2020-021030>
- Hallett, D., Chandler, M. J., & Lalonde, C. E. (2007). Aboriginal language knowledge and youth suicide. *Cognitive Development, 22*(3), 392–399. <https://doi.org/10.1016/j.cogdev.2007.02.001>
- Hazel, K. L., & Mohatt, G. V. (2001). Cultural and spiritual coping in sobriety: Informing substance abuse prevention for Alaska Native communities. *Journal of Community Psychology, 29*(5), 541–562. <https://doi.org/10.1002/jcop.1035>
- Healey, G. K., & Meadows, L. M. (2008). *Culture and Tradition: An important determinant of Inuit women's health*. *Journal of Aboriginal Health, 4*(1), 25–33. <https://doi.org/10.18357/ijih41200812312>
- Henson, M., Sabo, S., Trujillo, A., & Teufel Shone, N. (2017). Identifying protective factors to promote health in American Indian and Alaska Native adolescents: A literature review. *Journal of Primary Prevention, 38*(1-2), 5–26. <https://doi.org/10.1007/s10935-016-0455-2>
- Hishinuma, E. S., Chang, J. Y., Sy, A., Greaney, M. F., Morris, K. A., Scronce, A. C., Rehuher D., & Nishimura, S. T. (2009). HUI Mālama O Ke Kai: A positive prevention-based youth development program based on Native Hawaiian values and activities. *Journal of Community Psychology, 37*(8), 987–1007. <https://doi.org/10.1002/jcop.20344>

- Hodge, F. S. (2012). No meaningful apology for American Indian unethical research abuses. *Ethics & Behavior*, 22(6), 431–444. <https://doi.org/10.1080/10508422.2012.730788>
- Indian Citizenship Act, Pub. L. No. 68-175, 43 Stat. 253 (1924) (codified as amended at 8 U.S.C. § 1401 (2016)).
- Indian Community Economic Enhancement Act Of 2020, Pub. L. No. 116-261, 116 Stat. 261 (2020).
- Indian Relocation Program, Act of August 3, 1956, 84 Cong. Ch. 930, Pub. L. No. 959, 70 Stat. 986 (1956).
- Indian Removal Act of 1830, 25 U.S.C. §174 (1830).
- Irwin, L. (1997). Freedom, law, and prophecy: A brief history of Native American religious resistance. *American Indian Quarterly*, 21(1), 35–55. <https://doi.org/10.2307/1185587>
- Jenni, B., Anisman, A., McIvor, O., & Jacobs, P. (2017). An exploration of the effects of mentor-apprentice programs on mentors' and apprentices' wellbeing. *International Journal of Indigenous Health*, 12(2), 25–42. <https://doi.org/10.18357/ijih122201717783>
- Jernigan, V. B. B., Salvatore, A. L., Styne, D. M., & Winkleby, M. (2012). Addressing food insecurity in a Native American reservation using community-based participatory research. *Health Education Research*, 27(4), 645–655. <https://doi.org/10.1093/her/cyr089>
- Jones, D. K. (1982). *Century of servitude: Pribilof Aleuts under United States rule*. University Press of America.
- Kawagley, A. O. (1995). *A Yupiaq worldview: A pathway to ecology and spirit*. Waveland Press.
- Kealiikanakaoleohaililani, K., & C. P. Giardina. (2016). Embracing the sacred: An Indigenous framework for tomorrow's sustainability science. *Sustainability Science*, 11(1), 57–67. <https://doi.org/10.1007/s11625-015-0343-3>
- Kenney, M. K., & Singh, G. K. (2016). Adverse childhood experiences among American Indian/Alaska Native children: The 2011-2012 National Survey of Children's Health. *Scientifica (Cairo)*. <https://doi.org/10.1155/2016/7424239>
- King, J., Masotti, P., Dennem, J., Hadani, S., Linton, J., Lockhart, B., & Bartgis, J. (2019). The culture is prevention project: Adapting the cultural connectedness scale for multi-tribal communities. *American Indian and Alaska Native Mental Health Research*, 26(3), 104–135. <https://doi.org/10.5820/aian.2603.2019.104>

- Kirmayer, L. J., Dandeneau, S., Marshall, E., Phillips, M. K., & Williamson, K. J. (2011). Rethinking resilience from Indigenous perspectives. *Canadian Journal of Psychiatry, 56*(2), 84–91. <https://doi.org/10.1177/070674371105600203>
- Kral, M. J., Idlout, L., Minore, J. B., Dyck, R. J., & Kirmayer, L.J. (2011). Unikkaartuit: Meanings of well-being, unhappiness, health, and community change among Inuit in Nunavut, Canada. *American Journal of Community Psychology, 48*(3-4), 426–38. <https://doi.org/10.1007/s10464-011-9431-4>
- Kreiger, N. (1999). Embodying inequality: A review of concepts, measures, and methods for studying health consequences of discrimination. *International Journal of Health Services, 29*(2), 295–352. <https://doi.org/10.2190/M11W-VWXE-KQM9-G97Q>
- Lajimodiere, D. K. (2014). American Indian boarding schools in the United States: A brief history and their current legacy. In W. Littlechild & E. Stamatopoulou (Eds.), *Indigenous Peoples' access to justice, including truth and reconciliation processes* (pp. 255–261). Institute for the Study of Human Rights Columbia University.
- Maaka, R., & Fleras, R. (2005). *The politics of Indigeneity: Challenging the State in Canada and Aotearoa New Zealand*. University of Otago Press.
- Marrone, S. (2007). Understanding barriers to health care: A review of disparities in health care services among Indigenous populations. *International Journal of Circumpolar Health, 66*(3), 188–198. <https://doi.org/10.3402/ijch.v66i3.18254>
- McIvor, O., Napoleon, A., & Dickie, K. M. (2009). Language and culture as protective factors for at-risk communities. *Journal of Aboriginal Health, 5*(1), 6–25. <https://doi.org/10.18357/ijih51200912327>
- Merritt, O. (2021). The wall that trumps environmental law: A review of the environmental and legal implications of the U.S.-Mexico border wall. *Villanova Law Environmental Law Journal, 32*(1), 91–113.
- Miller, R. J. (2019). The Doctrine of Discovery: The international law of colonialism. *The Indigenous Peoples' Journal of Law, Culture & Resistance, 5*(1), 35–42. <https://doi.org/10.5070/P651043048>
- Mmari, K. N., Blum, R. W., & Teufel-Shone, N. (2010). What increases risk and protection for delinquent behaviors among American Indian youth?: Findings from three tribal communities. *Youth & Society, 41*(3), 382–413. <https://doi.org/10.1177/0044118X09333645>

- Mohatt, G. V., Rasmus, S. M., Thomas, L., Allen, J. Hazel, K., & Hensel, C. (2004). "Tied together like a woven hat:" Protective pathways to Alaska native sobriety. *Harm Reduction Journal*, 1 <https://doi.org/10.1186/1477-7517-1-10>
- Mohatt, N. V., Fok, C. C. T., Burket, R., Henry, D., & Allen, J. (2011). Assessment of awareness of connectedness as a culturally-based protective factor for Alaska native youth. *Cultural Diversity and Ethnic Minority Psychology*, 17(4), 444–455. <https://doi.org/10.1037/a0025456>
- Native American Graves Protection and Repatriation Act, Pub. L. 101-601, 25 U.S.C. 3001 et seq., 104 Stat. 3048, Nov. 16, 1990 (1990).
- Newland, B. (2022). Federal Indian boarding school initiative investigative report. Department of Interior. https://www.bia.gov/sites/default/files/dup/inline-files/bsi_investigative_report_may_2022_508.pdf
- Newman, J., Rivkin, I., Brooks, C., Turco, K., Bifelt, J., Ekada, L., & Philip, J. (2023). Indigenous knowledge: Revitalizing everlasting relationships between Alaska Natives and sled dogs to promote holistic wellbeing. *International Journal of Environmental Research and Public Health*, 20(1), 244. <https://doi.org/10.3390/ijerph20010244>
- The Office of Minority Health. (2020a). *Obesity and American Indians/Alaska Natives*. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=40>
- The Office of Minority Health. (2020b). *Obesity and Native Hawaiians/Pacific Islanders*. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=85>
- O'Rourke, S. R., Kochuten, N., Kochuten, C., & Reedy, K. L. (2018). Cultural identity, mental health, and suicide prevention: What can we learn from Unangax culture?. *Arctic Anthropology*, 55(1), 119–141. <https://doi.org/10.3368/aa.55.1.119>
- Pearce, M. E., Jongbloed, K. A., Richardson, C. G., Henderson, E. W., Pooyak, S. D., Oviedo-Jeokes, E., Wunuxtsin, M. C., Schechter, M., & Spittal, P., for the Cedar Project Partnership. (2015). The Cedar Project: Resilience in the face of HIV vulnerability within a cohort study involving young Indigenous People who use drugs in three Canadian cities. *BMC Public Health*, 15, 1095–1106. <https://doi.org/10.1186/s12889-015-2417-7>
- Penn, J., Doll, J., & Grandgenett, N. (2008). Culture as prevention: Assisting high-risk youth in the Omaha Nation. *Wicazo Sa Review*, 23(2), 43–61. <https://doi.org/10.1353/wic.0.0004>
- Pharris, M. D., Resnick, M. D., & Blum, R. W. (1997). Protecting against hopelessness and suicidality in sexually abused American Indian adolescents. *Journal of Adolescent Health*, 21(6), 400–406. [https://doi.org/10.1016/S1054-139X\(97\)00166-3](https://doi.org/10.1016/S1054-139X(97)00166-3)

- Reavis, J. A., Looman, J., Franco, K. A., & Rojas, B. (2013). Adverse childhood experiences and adult criminality: How long must we live before we possess our own lives?. *The Permanente Journal*, 17(2), 44–48. <https://doi.org/10.7812/TPP/12-072>
- SAMHSA. (2018, Aug. 23). *Culture is prevention*. YouTube. <https://www.youtube.com/watch?v=t8GJtTSKgQQ>
- Satterfield, D., DeBruyn, L., Santos, M., Alonso, L., & Frank, M. (2016). Health promotion and diabetes prevention in American Indian and Alaska Native communities — Traditional foods project, 2008–2014. *Morbidity and Mortality Weekly Report (MMWR) Supplements*, 65(1), 4–10. <https://doi.org/10.15585/mmwr.su6501a3>
- Schroeder, J. J. (1995). Developing self-esteem and leadership skills in Native American women: The role sports and games play. *Journal of Physical Education, Recreation & Dance*, 66(7), 48–51. <https://doi.org/10.1080/07303084.1995.10607117>
- Schultz, K., Cattaneo, L. B., Sabina, C., Brunner, L., Jackson, S., & Serrata, J. V. (2016). Key roles of community connectedness in healing from trauma. *Psychology of Violence*, 6(1), 42–48. <https://doi.org/10.1037/vio0000025>
- Spence, M. D. (1999). *Dispossessing the wilderness: Indian removal and the making of the national parks*. Oxford University Press.
- Subica, A. M., & Wu, L. T. (2018). Substance use and suicide in Pacific Islander, American Indian, and Multiracial Youth. *American Journal of Preventive Medicine*, 54(6), 795–805. <https://doi.org/10.1016/j.amepre.2018.02.003>
- Suicide Prevention Resource Center. (2019). *Racial and ethnic disparities*. <https://www.sprc.org/racial-ethnic-disparities>
- Tagalik, S. (2010). Inuit Qaujimagatuqangit: The role of Indigenous knowledge in supporting wellness in Inuit communities. *Nunavut National Collaborating Centre for Aboriginal Health*, 1–8.
- Tagalik, S. (2015). Inuit knowledge systems, elders, and determinants of health: Harmony, balance, and the role of holistic thinking. In M. Greenwood, S. de Leeuw, N. M. Lindsay, & C. Reading (Eds.), *Determinants of Indigenous peoples' health in Canada: Beyond the social*. (pp. 25–32). Canadian Scholars' Press Inc.
- Treaty of Cession of Manu'a, July 16, 1904, ratified by the U.S. Congress in the Ratification Act of 1929.
- Treaty of Cession of Tutuila, April 17, 1900, ratified by the U.S. Congress in the Ratification Act of 1929.

- Treaty of Paris, 1783; International Treaties and Related Records, 1778-1974; General Records of the United States Government, Record Group 11; National Archives.
- Ullrich, J. (2019). For the love of our children: An Indigenous connectedness framework. *AlterNative: An International Journal of Indigenous Peoples*, 15(2), 121–130.
<https://doi.org/10.1177/1177180119828114>
- United States Census Bureau. (2017). *American Indian and Alaska Native heritage month: November 2017*. <https://www.census.gov/newsroom/facts-for-features/2017/aian-month.html>
- United States Census Bureau. (2021). *2020 census illuminates racial and ethnic composition of the country*. <https://www.census.gov/library/stories/2021/08/improved-race-ethnicity-measures-reveal-united-states-population-much-more-multiracial.html>
- Urban Indian Health Institute. (2022). *We count*. <https://www.uihi.org/projects/we-count/>
- Vantrease, D. (2013). Commod bodies and frybread power: Government food aid in American Indian culture. *The Journal of American Folklore*, 126(499), 55–69.
<https://doi.org/10.5406/jamerfolk.126.499.0055>
- Walker, J. L., Bradley, J. L., & Humphrey Sr., T. J. (2002). A closer look at environmental injustice in Indian Country. *Seattle Journal for Social Justice*, 1(2), 379.
- Walters, K. L., Beltran, R., Huh, D., & Evans-Campbell, T. (2011) Dis-placement and dis-ease: Land, place, and health among American Indians and Alaska Natives. In L. Burton, S. Matthews, M. Leung, S. Kemp, & D. Takeuchi (Eds.), *Communities, neighborhoods, and health*, Vol. 1. (pp. 163–199). Springer. https://doi.org/10.1007/978-1-4419-7482-2_10
- Walters, K. L., Mohammed, S. A. Evans-Campbell, T., Beltran, R. E., Chae, D. H., Duran, B. (2011). Bodies don't just tell stories, they tell histories: Embodiment of historical trauma among American Indians and Alaska Natives. *Du Bois Review: Social Science Research on Race*, 8(1), 179–189. <https://doi.org/10.1017/S1742058X1100018X>
- Walters, K. L., Simoni, J. M., & Evans-Campbell, T. (2002). Substance use among American Indians and Alaska Natives: Incorporating culture in an "Indigenist" stress-coping paradigm. *Public Health Reports*, 117(1), S104–S117.
- Wexler, L. (2014). Looking across three generations of Alaska Natives to explore how culture fosters Indigenous resilience. *Transcultural Psychiatry*, 51(1), 73–92.
<https://doi.org/10.1177/1363461513497417>

- Whitbeck, L. B., Adams, G. W., Hoyt, D. R., Chen, X. (2004). Conceptualizing and measuring historical trauma among American Indian people. *American Journal of Community Psychology*, 33(3-4), 119–30. <https://doi.org/10.1023/B:AJCP.0000027000.77357.31>
- Whitbeck, L. B., Chem, X., Hoyt, D. R., & Adams, G.W. (2004). Discrimination, historical loss and enculturation: Culturally specific risk and resiliency factors for alcohol abuse among American Indians. *Journal of Studies on Alcohol*, 65, 409–418. <https://doi.org/10.15288/jsa.2004.65.409>
- Whitbeck, L. B., Hoyt, D. R., Stubben, J. D., & LaFromboise, T. (2001). Traditional culture and academic success among American Indian children in the Upper Midwest. *Journal of American Indian Education*, 40(2), 48–60.
- Whitbeck, L. B., McMorris, B. J., Hoyt, D. R., Stubben, J. D., & LaFramboise, T. (2002). Perceived discrimination, traditional practices, and depressive symptoms among American Indians in the upper Midwest. *Journal of Health and Social Behavior*, 43(4), 400–418. <https://doi.org/10.2307/3090234>
- White House Initiative on Asian Americans and Pacific Islanders. (n.d.). Fact sheet: What you should know about Native Hawaiians and Pacific Islanders (NHPI's). https://www.nhoassociation.org/uploads/6/5/8/4/65847333/facts_about_native_hawaiians_and_pacific_islanders_000.pdf
- Wilson, K. (2003). Therapeutic landscapes and First Nations peoples: An exploration of culture, health and place. *Health & Place*, 9, 83–93. [https://doi.org/10.1016/S1353-8292\(02\)00016-3](https://doi.org/10.1016/S1353-8292(02)00016-3)
- Wolfe, R. J. (1982). Alaska's great sickness, 1900: An epidemic of measles and influenza in a virgin soil population. *Proceedings of the American Philosophical Society*, 126(2), 91–121.
- Yoder, K. A., Whitbeck, L. B., Hoyt, D. R., LaFromboise, T. (2006). Suicidal ideation among American Indian youths. *Archives of Suicide Research*, 10(2), 177–190. <https://doi.org/10.1080/13811110600558240>
- Yu, M., & Stiffman, A. R. (2007). Culture and environment as predictors of alcohol abuse/dependence symptoms in American Indian youths. *Addictive Behaviors*, 32(10), 2253–2259. <https://doi.org/10.1016/j.addbeh.2007.01.008>