

# Identifying Community Needs and Resources in a Native Community: A Research Partnership in the Pacific Northwest

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**Abstract** Indigenous communities have engaged in needs and resources assessments for thousands of years. By blending CBPR/TPR approaches with community-driven assets and needs assessments, academic and community based researchers can work together to better understand and identify community strengths as well as issues of concern in Native communities. This best practice approach can set research agendas that are relevant to Native communities and result in interventions and health promotion programs that are respectful of Tribal sovereignty and that incorporate unique traditions and strengths of Native communities. A successful research partnership to develop and implement a needs and resources assessment using CBPR/TPR approaches is presented using a case study that can be used as a model for other research partnerships.

**Keywords** American Indian and Alaska Native · CBPR · TPR ·  
Needs and resources assessment · Substance abuse · Cultural identity

Indigenous communities around the world have thrived for centuries by engaging in ongoing, community-driven “needs and resources” assessments (Smith 1999). These methods are based on indigenous scientific methods and apply findings to develop strategies to prevent negative health outcomes and promote positive health outcomes in “programs” that can arguably be identified as “Evidence-Based Practices” (Cochran et al. 2008; Jumper-Thurman et al. 2001; Swinomish Tribal Mental Health Project 2002; Whitbeck 2006). These practices were historically transmitted from one generation to the next via what is referred to as the “oral tradition” and often used legends as a teaching tool (Friesen 1999). In fact, one of our Tribally-based research partners stated that “We’ve been doing this for thousands of years but nobody wrote it down” (C. Wagner, personal communication, November 17, 2005).

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One contemporary example of a community-driven needs and resources assessment and subsequent intervention in a Native<sup>1</sup> community was shared with the first author by Suquamish Tribal Elders<sup>2</sup> (personal communication, September, 2007). Suquamish Elders had noted that there was a “meth house” on the reservation where non-Tribal members were engaging in the production and abuse of methamphetamines. The Elders were concerned about the environmental hazards, legal issues, and the welfare of their Tribal members, with particular concern for their youth. The Elders gathered this “data” and used it to develop an intervention wherein they came together with their drums and rattles and walked to the “meth house” while drumming and singing traditional songs. The Elders continued to do this until the occupants of the meth house stopped producing and using methamphetamines in the house and left the reservation. Clearly, a community-driven needs and resources assessment was utilized and resulted in community-based and culturally grounded intervention that was effective.

Recent evidence in the literature indicates that building on the knowledge that already exists in Native communities when implementing intervention programs can result in better outcomes as well as build the needed trust between these communities and their researcher partners (Allen et al. 2006; Burhansstipanov et al. 2005; Caldwell et al. 2005; Fisher and Ball 2005; Mohatt et al. 2004a, b). This approach can also shift the paradigm from a focus on deficits and pathologies to one on strengths and resilience (Duran and Duran 1995; Minkler and Hancock 2008; Walters and Simoni 2002)

This paper will describe a needs and resources assessment process that was developed and used in a collaborative effort between Tribal and university based research partners in the Healing of the Canoe (HOC)<sup>3</sup> project (Thomas et al. 2009). A Community Based/ Tribally Based Participatory approach (CBPR/TPR) (Burhansstipanov et al. 2005; Fisher and Ball 2002, 2003; Minkler and Wallerstein 2002) was used to work with the Suquamish Tribe to identify key behavioral health issues of concern to the community as well as the strengths and resources that already existed in the community to address the identified issues. The findings from this community assessment were used to develop a culturally grounded curriculum for Suquamish youth that incorporated traditional values, practices, teachings, and stories to promote a sense of Tribal identity and a sense of belonging in the community to prevent youth substance abuse. Lessons learned from this process as well as implications for this approach to identifying research questions and desired outcomes will be discussed. It is the view of the collaborative Healing of the Canoe research team that this approach to identifying assets and needs in Native and Aboriginal communities is an emerging best practice.

## Background

### History of Research with Native Communities

Research with Native communities that focuses on behavioral health issues has often been less than successful, in part because of researchers who were not sensitive to the culture and

<sup>1</sup> “Native” and “AIAN ” are used in this paper to refer to American Indian, Alaska Native, and Aboriginal groups

<sup>2</sup> The Suquamish Tribe is a sovereign nation whose reservation is in Washington State. Please note that this manuscript has been approved for publication by the Suquamish Tribal Council.

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traditions of the Tribes and communities with which they were working or to their status as sovereign nations. (Beals et al. 2003; Duran and Duran 1995; Foulks 1989; Manson et al. 2004; Smith 1999; Sue and Dhindsa 2006). These issues need to be viewed within the context of postcolonial oppression of AIAN peoples, with loss of lands, suppression of language and culture, lack of recognition of sovereignty, and disregard for personal and communal rights (Caldwell et al. 2005; Duran et al. 2008; Stone 2002). Lingering concerns derived from this history of trauma have made AIAN individuals and communities wary of “outsiders” and distrustful of research in general and those who conduct it.

Too often in the past there has been a tendency for academicians to enter into communities with predetermined research agendas and established research protocols, with community members or the community as a whole serving as research subjects. It is research *on* AIAN individuals and their problems rather than research *with* AIAN individuals and communities. Often times such research has led to collection of data that is never shared with the communities from which it has been collected and may identify problems without sufficient follow through to help develop appropriate interventions (Burhansstipanov et al. 2005). Many researchers have also failed to understand Tribal sovereignty, respect the diversity of the AIAN communities, understand specific sociopolitical and historical contexts, build on Tribal strengths and resources, or incorporate Tribal customs, traditions and values into interventions developed to address substance abuse problems. It is also important to note that academic institutions have historically been involved in the removal of children from homes and communities to be placed into boarding schools. This practice has resulted in suspicion and apprehension on the part of Native communities with regards to working with academic institutions. Clearly, the burden is on the academic researchers to demonstrate ethical and respectful practices in our research partnerships.

In this context, it is also important to point out that most “evidence-based practices” regarding substance abuse prevention and treatment have not been tested with urban, rural, or reservation AIAN communities (Miranda et al. 2005; University of Washington Alcohol and Drug Abuse Institute 2006). Duran et al. (2008) promote the importance of “culturally supported interventions” that emerge from the community based on its traditions and values; these are less familiar to and are typically not the target of academicians. Yet such interventions, based on indigenous knowledge, capitalize on the strength and resources of the community. Duran et al. (2008) also argue that it is important to work toward the validation of such culturally supported interventions while at the same time working to adapt empirically supported interventions to make them culturally relevant and acceptable.

Fortunately, as Native communities become increasingly sophisticated consumers of and partners in research, protocols and approaches are emerging that result in effective, ethical, and respectful research. Community Based/Tribally Based Participatory Research (CBPR/TPR) approaches require that the academic researchers and the community based research partners work collaboratively on every step of the research project from the development of the research question to analysis, interpretation, and dissemination of the findings (Burhansstipanov et al. 2005; Caldwell et al. 2005; Holkup et al. 2004; Minkler and Hancock, 2008; Viswanathan et al. 2004). CBPR approaches have been used increasingly in research with AIAN communities and involve the development of equitable partnerships between communities and academically based researchers.

While CBPR provides a general framework for working with communities, Fisher and Ball (2002, 2003) have presented the Tribal Participatory Research Model (TPR) that incorporates a number of additional principles or basic mechanisms to facilitate work with

Native communities. Tribal Participatory Research approaches require additional steps that acknowledge and respect the unique sovereign status of Tribes and the unique cultural context of Tribes and Native communities. Equally important, the development of research guidelines and Tribal research codes are other mechanisms for insuring that research conducted with Native communities is ethical (see, e.g. (Alaska Native Science Commission 1997; American Indian Law Center 1999; Brugge and Missaghian 2006; Canadian Institutes of Health Research Ethics Office 2005))

A related principle is that CBPR/TPR focuses on health problems that are of particular relevance or high priority to the community and attempts to view these from a positive model of health and well-being. This is of particular relevance in working with Native communities, where there has often been an emphasis on the extent and scope of problems, based more on a deficit model that pathologizes AIAN individuals and communities rather than emphasizing or at least providing an equal balance to strengths and cultural protective and resilience factors (Caldwell et al. 2005). These principles provided guidance for our project team as we developed our research partnership and conducted the needs and resources assessment.

### Healing of the Canoe: A Case Example

The Healing of the Canoe is a research partnership between the Suquamish Tribe and the <deleted for de-identification> that is using CBPR/TPR approaches to develop, implement, and evaluate a community-based and culturally grounded intervention. We will describe the development of the research partnership and the methods used for the needs and resources assessment that was asset based and culturally appropriate. The project's adherence to principles of CBPR/TPR in the early phase is more fully described in a separate manuscript (Thomas et al. 2009). The development, implementation, and outcomes of the intervention that resulted from the needs and resources assessment will be presented in separate manuscripts. Please note that a second Tribal community is now also a research partner for the Healing of the Canoe project but will not be discussed in this paper.

#### Development of the Research Partnership

Historically researchers have approached Native communities as potential research participants with research questions and protocols previously determined. However, this approach is less than ideal and recent evidence supports the trend that this approach will need to evolve and academic researchers must be responsive to invitations *from* Native communities to collaborate on research projects (Duran et al. 2008). Duran et al. (2008) suggest that the ideal method for public health workers and researchers to work with AIAN communities is if they are approached by and invited to work with Tribal communities; this was the opportunity presented us. The Administrator of the Suquamish Tribe's Wellness Program, which provides mental health and substance abuse services in a Tribally run clinic, approached members of our team. He indicated that there was an increased concern about substance use and abuse among Tribal youth and he wanted to know whether it would be possible to work with the university researchers to develop a culturally grounded intervention to address this issue.

We began meeting with Tribal members about the development of a community-university partnership to be based on the principles of CBPR/TPR. At about the same time, the National Institutes of Health's National Center on Minority Health and Health

Disparities (NCMHD) had a call for proposals for Community-Based Participatory Research with communities to address issues of health disparities. Following Tribal Council approval, a formal Tribal resolution, and a memorandum of understanding that spelled out the roles, responsibilities, and process to be involved in our working relationship, we submitted an application in response to this call for proposals.

Consistent with CBPR/TPR principles, an MSW level Tribal member was identified as a Co-Investigator for the proposal and Principle Investigator for the subcontract to the Tribe and community key personnel were included in the budget. Our proposal was selected as one of 25 CBPR grantees, and only one of three working with AIAN communities.

The focus of our proposal as submitted was on the prevention of youth substance abuse, in response to the original inquiry and invitation from our Tribal partners. However, as specified in the call for proposals, these 3-year planning grants were to identify and reduce health disparities and promote health and wellness by (1) conducting community needs and resources assessment, (2) identifying and prioritizing health disparities of greatest concern to the community, (3) identifying strengths and resources already in the community to address concerns, (4) developing appropriate, community based, and culturally relevant intervention(s), and (5) developing and pilot testing the community-based intervention(s). Thus, despite the language in our proposal, the use of CBPR approaches and the results of the needs and resources assessment might lead to the community identifying and prioritizing issues of concern different from or in addition to youth substance abuse. This is a key point in respectful and ethical research partnerships with AIAN and Aboriginal communities—the ability and willingness of the academic researchers to acknowledge and yield to the research questions as identified by the community.

In addition to project oversight by the Suquamish Tribal Council described above, the Council designated the Suquamish Cultural Cooperative (SCC) as the Community Advisory Board for the Healing of the Canoe project. Therefore, in addition to reporting to the Tribal Council at least quarterly and the Suquamish community at least bi-annually, we met at least monthly with the SCC and they provided direct oversight, input, and guidance for every step of the research process.

### Methods for Developing and Implementing the Needs and Resources Assessment

The SCC requested that we identify the strengths and resources in the community in addition to the behavioral health issues of greatest concern. The findings from this assessment would then guide the development of the community based and culturally grounded intervention. This approach is consistent with the “community-driven asset identification and issue selection” approach as described by Minkler and Hancock (Minkler and Hancock 2008) which recognizes and builds on community capacity and can promote community collaboration as well as support sustainability. It was determined that qualitative data would be gathered by conducting key stakeholder interviews and through focus groups.

### Key Stakeholder Interviews

For the key stakeholder interviews, the project team also wanted to assess and better understand the community’s readiness to address issues of concern and employ current strengths in the process. Therefore, we worked with the SCC to adapt the Community Readiness Model developed by the Tri-Ethnic Center for Prevention Research at Colorado State University (Plested et al. 2005). The Community Readiness model (CR) and measure have been used successfully with AIAN communities and for the development of culturally

valid community interventions, including those dealing with substance use prevention (Jumper-Thurman et al. 2003, 2001). The CR interview assesses the community's efforts to address identified issues (programs, activities, policies, etc.), community knowledge of these efforts, the leadership in the community (including appointed leaders and influential community members), community climate, community knowledge about the issues, and resources related to the issue (people, money, time, space). Examples of interview questions used include "Think about your community, the physical, mental, spiritual, and cultural health, including substance abuse problems. Using a scale of 1–10, how important is the health of your community to you?" and "What kinds of strengths and resources do you think exist in your community? Of these, which do think are most important?"

Although the CR literature indicates that a community's perspective can be documented with as few as five interviews with key stakeholders, the SCC indicated that as many as 20 interviews would be more appropriate to accurately capture the diversity of knowledge and concerns in their community. Therefore, the SCC, in collaboration with the project team, developed a pool of thirty individuals of which twenty were nominated as key stakeholders in the community. A total of 16 interviews were conducted and all interviews were done in the community and by Native project staff. In addition to the adapted CR questions, all participants were given the opportunity to share anything else that the interview may not have covered. All protocols had IRB approval; because of the history of Native communities and institutions, written consent was waived and oral consent and assent was obtained. The interviews were transcribed and summarized with issues of concern tallied and strengths and resources identified and listed in rank order. Following our commitment to give back to the community to the extent possible during the research process, research project staff also conducted an inventory of services available to the community to be included in the final N&R report.

### Focus Groups

In order to confirm that our summary of key issues and strengths of the Suquamish community was accurate, the next step in the N&R process involved asking a subset of the CR questions and vetting the summary of key stakeholder responses with focus groups. The SCC and project team identified four constituent groups to be represented: Elders, youth, service providers, and community members and participants were recruited by flyers, word of mouth, and by nomination. As with the key stakeholder interviews, written consent was waived and oral consent/assent was obtained. We followed the guidelines and protocol suggested by Strickland (1999) for conducting focus groups with AIAN individuals. The focus groups were held in the community and facilitated by Native, community-based project staff; one of the academic researchers (who is Native) was present to take notes and assist as needed. The focus group participants were also asked to identify and rank order key issues of concern to their community as well as the strengths and resources that exist to address them. The focus group recordings were also transcribed and summarized.

## Results

### Identification of Issues of Concern

Key stakeholders and focus group participants identified a number of behavioral health issues of concern in their community. Equally important, strengths and existing resources

were identified that could be built upon as the project unfolded. The issues and strengths were summarized in a list in order to identify which were of most importance to the community as indicated by the number of times they were mentioned and the salience with which they were discussed. Two issues appeared to be of most concern to the community: 1) prevention of youth substance abuse, and 2) the need for youth to have a sense of Tribal identity and a sense of belonging to the community. In addition, participants indicated that these two issues were related and felt that if a sense of Tribal identity and belonging could be strengthened, youth would be less likely to develop substance abuse problems.

### Identification of Community Strengths and Assets

Participants identified three strengths/resources in their community that they felt would be critical to address the areas of concern. These strengths were: 1) the Tribal Elders, 2) Tribal youth, and 3) Suquamish culture and traditions. Based on these findings it was suggested that in order to address the concerns about youth substance abuse it would be necessary to do so in a way that would allow a “re-traditionalization” (Caldwell et al. 2005) by incorporating the use of extended family and Tribal Elders, traditional teachings, culturally specific approaches, and approaches promoting cultural restoration (mentors, crafts, stories, language). In so doing, such an approach would take advantage of identified strengths and community assets, promote Suquamish identity and self-efficacy, build community connections, and increase community support systems. As the community had shared from its unique perspective, and consistent with a number of Native-focused prevention efforts (Hawkins et al. 2004), strengthening the youths’ sense of Tribal and cultural identity, and incorporating Tribal values and traditions, should contribute to a decreased likelihood of use and abuse of alcohol and drugs

### The Community as the Expert Partner

Following CBPR/TPR principles, the project staff presented a draft N&R report to the SCC for review, feedback, suggestions, and approval. This step is critical in research partnerships with Native communities to insure that the summarization and interpretation of the qualitative data is accurate and recognizes the community as the expert in this process. The draft N&R report identified the priority concerns and most important resources as described above (prevention of youth substance abuse and promotion of a sense of belonging to the Tribe by utilizing the Tribe’s Elders, youth, and culture). The report also included a summary of the entire list of issues of concern and strengths/resources identified in the key stakeholder interviews and focus groups as this information was determined to be important for the future use of the Tribal Council in making decisions about programming and budgets as well as for use in grant submissions by the Tribe. The SCC reviewed and approved the draft N&R report for the next step per TPR principles, presentation to the Tribal Council and the community.

### CBPR/TPR Principles and Giving Back to the Community

The project team presented the report to the Suquamish Tribal Council. Because of historic misuse of research findings in Native communities, the Tribal Council expressed some apprehension about the data prior to our presentation. However, because the SCC had been fully involved throughout the assessment process, the Tribal Council understood that the data would be accurate, culturally appropriate, and important for the Tribal community. The

Tribal Council found the information particularly useful and has been able to use it for program planning purposes. As an additional benefit to the community, Tribal members have used the data from the report to obtain funding to address other health disparity issues identified by the community as important.

An abbreviated version of the report was presented at a community meeting and a presentation was made to the Tribal Elders who are the knowledge holders of a Native community. A summary of the report was sent to all Tribal members as a way of making them aware of the issues of concern in their community and the resources currently available to deal with these. These steps to share the outcomes from the assessment with the community are a key component to CBPR/TPR principles and resulted in both strengthening the research partnership and increasing research capacity at the community level.

Finally, the information derived from the process involved in the community needs and resources assessment provided us with direction about important elements to include in the development of a culturally appropriate prevention program to reduce youth substance use by incorporating Tribal traditions and values and maximizing community strengths and assets. The resultant intervention curriculum, called “Holding Up Our Youth”, is based on the traditional canoe journey, which has served as a vehicle for cultural resurgence among the water-based Native communities in the Pacific Northwest. The intervention, developed through an iterative process by a workgroup comprised of community members and researchers, blends traditional values, cultural activities, and stories with evidence-based social-skills training and alcohol and drug education components. The result is an intervention that uses the canoe journey as a metaphor, providing youth with the skills needed to navigate through life without being pulled off course by alcohol or drugs with culture and tradition as both anchor and compass. This component of the project will be the focus of other manuscripts.

## Discussion from the Community’s Perspective

This process, which we have followed and which we advocate for work with AIAN communities, leads true CBPR/TPR researchers to explore the concept/adventure of *indigenizing science* rather than continuing to do the opposite. Thus, we as academic researchers allow ourselves to be a part of the journey; “skipped” not by ourselves, grantors, deadlines or scientific methods that have not evolved to fit the need but rather to be quietly present as we are allowed into the canoe to be one of many pullers (paddlers) who rely on each other and accept the navigation and direction of the skipper, which in this case is the community. Of course, this requires the researcher to be vulnerable and express humility to their community partners which may put the academic researcher into an uneasy position that can not be prepared for in any realm of academia.

We have learned that the CBPR/TPR process can be slow; however, each day is another block in the foundation of a true partnership. The Healing of the Canoe needs and resources assessment could have been quick and easy if we had followed the protocol which stated we only need five interviews to get the information needed. By adhering to community knowledge and expertise, the assessment moved from “ours” to “everyone’s,” making it more welcomed, reviewed and respected within the Tribal community as well as by the Suquamish Tribal Council. Further, those who were approached for an interview were more amenable to participating when they were told they had been nominated by fellow community members. This allowed the interview process to proceed more quickly; making up for the extended time needed for the additional interviews. It offered the added bonus of

introducing the staff to a wider range of community members and making connections that have proven to be invaluable. It will be these solid partnerships that allow us to be approached by other Tribal nations to partner on future CBPR/TPR projects.

Finally, we had been fortunate to receive in one of our earliest meetings a copy of *The Ten Rules of the Canoe* (Quileute Canoe Contingent 1990). This document clearly outlines the code of conduct for those participating in the canoe journeys and is easily adapted to research conduct. Specifically, rule number four states: “Every story is important. The bow, the stern, the skipper, the power puller in the middle—everyone is part of the movement. The Elder sits in her cedar at the front, singing her paddle song, praying for us all. The weary paddler resting is still ballast. And there is always that time when the crew needs some joke, some remark, some silence to keep going, and the least likely person provides.” Re-indigenizing science means to accept the challenge of being “the least likely person”.

## Conclusion

Although many lessons were learned along the way, it was clear to the community based and university based research team, the SCC, the Tribal Council, the Elders, and the general community that the CBPR/TPR approach to this needs and resources assessment that was community driven and assets focused was the best practice approach and congruent with the community’s Tribal culture. By conducting the assessment in full partnership with the community the findings reflected the true needs and strengths of the community. In addition, the findings were critical to the research project as the foundation for developing the intervention. In addition, the findings from the assessment were also beneficial to the community which is an essential principle of CBPR/TPR with Tribes and Native communities.

## Lessons Learned

- CBPR/TPR principles must be adhered to from the very beginning, i.e. before the research proposal is developed and submitted for funding.
- It is critical that key personnel are hired in the community and are considered as true research partners.
- Tribal Council resolutions are required in respect to Tribal sovereignty and to demonstrate to Tribal and community members that leadership is involved.
- A memorandum of understanding is critical for documenting roles and responsibilities as well as level of Tribal involvement and right to review and approve all research materials.
- University based researchers must understand and follow the research policies and procedures of their Tribal research partners inclusive of community advisory councils as research partners and experts.
- The needs and resources assessment protocol should be developed in partnership with the community experts, blending the expertise of the literature with the expertise of the community advisory board.
- Recruitment and consent/assent protocols should be developed under the guidance of the community advisory board to insure that historic institutional transgressions are not repeated. Waiving written consent can increase the willingness of community members to participate and to trust the research process. Working with university IRB’s to protect the individual and community participants can increase levels of participation and the quality and richness of the data.

- Assessment instruments, surveys, and questionnaires should be identified, adapted, and/or modified in partnership with the community based project staff and community advisory board to insure cultural appropriateness.
- The focus assessment should be the strengths and assets of the community rather than being problem focused.
- Data should be gathered by community based project staff with support from the academic researchers as needed.
- Findings should be presented in draft form to the community advisory board as the experts for interpretation and analysis.
- Findings should be presented and provided to the community via a number of venues beginning with Tribal Council and as advised by the community advisory board.
- Transparency is critical; data and project findings belong to the community as well as the research project.
- The success of the subsequent interventions and health promotion programs is dependent on the quality of the needs and resources assessment.

All of the members of our research partnership, in the community and at the university, advocate for this community-driven, assets-focused approach when conducting a needs and resources assessment with a Native community. As described by our community-based co-investigator, this approach allows the community's true voice to be heard, builds a long-term and mutually beneficial relationship built on trust, and promotes community support and sustainability. This leads to setting research agendas and health promotion programs that are respectful of Tribal sovereignty, relevant to the Native communities, and that incorporate Native traditions and strengths. As one Tribal Elder stated when interviewed by an outside evaluator of the Healing of the Canoe project, "We told them what to do and they did it!" Clearly, this approach can be viewed as a best practice for true CBPR/TPR collaborative research.

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