

Improving Progress: A Look into the Experiences of Employees of the

Growing Resilience Project

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Abstract

This project addresses and assesses what it was like working at the Growing Resilience project data collection site for the permanent and temporary employees; furthermore, these findings are used to demonstrate what works effectively and what needs changed in regards to the undergraduate research assistants. The Growing Resilience project is an NIH funded, community-based research project that uses home gardens in the Wind River Reservation in Fremont County, Wyoming to determine the effects these home gardens have on participants' health (Growing Resilience, 2018). It includes interviews of other members of the Growing Resilience team; more specifically, interviews of undergraduate research assistants and the GR project manager about their experiences working at the GR Data Collection site. I am highlighting the differences and similarities in our shared experience and the interview with the project manager is used for for more insight. The people I interview includes 3 undergraduate student research assistants as well as 1 undergraduate supervisor/project manager. In August 2018, 5 UW students (including myself) staffed 5 days of health data collection. I am exploring the importance and significance in knowing and understanding people's previous experiences and community history and background and how these factors can affect the workplace environment with a group of people who historically have been marginalized. I am discussing the differences in people's experience working the project based on their previous experiences and life events, including my own. Furthermore, the data collected helps provide more information into understanding why there is significance in understanding research assistants (RAs) backgrounds, stigmas, ideas, and judgments and then using that information to inform others on future education to ensure that the data collection site is a welcoming place.

Keywords: cultural humility, cultural competency, Wind River Indian Reservation

Historically, Native Americans and indigenous people are a marginalized group of people that have faced racial, cultural, and economical prejudice. They face many health problems that are pervasive throughout Native American societies. For example, Native people are currently dealing with increased rates of cancer, more accidental injuries and Type II diabetes (Hayes, 2017). Many health issues are then exacerbated because of poorer living conditions, low socioeconomic status (SES), food insecurity, and more. Today, Native Americans and indigenous people deal with the consequences of less opportunity and access to things such as quality health care or nutritious food. This inability to gain these opportunities has then been reflected in the health of Native American people. For example, Native people are 2.4 times as likely to be diagnosed with diabetes than whites (Office of Minority Health, 2018). Furthermore, Native American people have a life expectancy that is 5.5 years less than all other races in the United States. Native Americans have a life expectancy of 73 years while all other races have a life expectancy of 78.5 years. More drastically; on the Wind River Reservation (WRR), the life expectancy is around 56 years. These disparities exist perhaps because of things such as insufficient and inadequate education, poverty, inadequate health services, cultural differences, food insecurity, and many other things (IHS, 2018).

History & Events

These differences can also be examined from a historical perspective. To completely understand why Native Americans are facing these health problems today, it is important to understand the path taken to get to the current situation.

History & Events of the Wind River Reservation

More specifically; to comprehend this project, one needs to understand the history of the WRR. The WRR is situated in Wyoming's Wind River Basin, near the towns of Lander, Riverton, and Dubois. The reservation consists of 2.2 million acres, making it the 7th largest reservation in the United States (see Appendix D). The WRR was enacted with the Treaty of Fort Bridger in 1868 and was the only reservation where Eastern Shoshone people got to discuss and have some say on where they wanted this reservation land to be (Travel Wyoming, 2018). The WRR was originally home to just the Eastern Shoshone (ES), who migrated out of Minnesota around the 1600s. In 1878, the Northern Arapaho (NA) joined the ES in the Wind River Valley. The NA and ES were originally enemies, so the question remaining was why did two enemies agree to this situation? The government assured the ES that the NA would be moved soon; but 50 years later, both tribes remained on the WRR. The government compensated the ES for the loss of reservation. The WRR as it is known today consists of the towns of Arapaho, Boulder Flats, Crowheart, Ethete, Fort Washakie, Hudson, and Johnstown. It is home to 26,000 people, 12,000 of whom are enrolled members of the NA or ES tribes. The WRR has Tribal Sovereignty, ensures that "any decisions about the tribes with regard to their property and citizens are made with their participation and consent" (BIA, 2018). On the reservation, there are health services available; however, Indian Health Services (IHS, 2018) is funded for only about 50% of the level of need (Hayes, 2017). This can lead to disparities among the quantity and quality of healthcare on the WRR. For example, many doctors on the reservation have to pick and choose what tests to run because clinics cannot pay for them all. Furthermore, because of underfunding, these facilities often have long waits, difficulties getting an appointment, and denied or delayed care. There is also the issue of food security. In the United States, Native Americans are twice as likely to be food insecure than their white counterparts (Jernigan, Huyser, Valdes, & Simonds,

2016). Being food insecure; defined as the “limited and uncertain availability of healthy foods”, is correlated heavily with malnutrition, obesity, Type 2 diabetes and more health issues. The prevalence of food security: or lack there of, among different races can be seen observed in the appendix. (Jernigan, Huyser, Valdes, & Simonds, 2016). Evidently, there is a clear and present need for changes regarding the health of Native American people.

History & Events of Growing Resilience

This need for changes to help decrease food insecurity and other health problems among Native American people on the Wind River Reservation is currently being addressed to a certain degree by the Growing Resilience project. The Growing Resilience project (GR) is an action and research partnership between the University of Wyoming and WRR families and organizations to test home gardens as a health intervention. Growing Resilience is an NIH-funded partnership and is a “community-based research project designed project designed to bring home gardens to households on the Wind River Reservation in Fremont County, Wyoming and to measure the impact of those gardens on participants’ health (Growing Resilience, 2018). This project includes data collection days that occur at a data collection site. Participants/families attend four data collection sessions over the period of 18 months before and after the two gardening seasons. At the site, there are temporary student employees who run either the biometric data station or the survey data station. The biometric station includes measurements such as BMI, height, and weight measurement, grip strength tests, waist girth and blood pressure. The survey station includes a survey given on a tablet, or if a participant didn’t want to use the tablet, then a survey would be administered on paper or orally to a participant. Wyoming Health Fairs (WHF) draws blood for lab analysis. Finally, there are permanent employees who hire and supervise the temporary student employees, also staff data collection, and implement the research portion of

the project, including getting to know some of the participants overtime. This project focuses on the experience of the temporary student employees (which I will call Research Assistants or **RA**s) as they connected with participants during data collection days over the course of 2 weeks during the summer of 2018.

Together all teams of people try to create a space where families and participants would be welcomed and comfortable give the Growing Resilience team the information needed to help complete the study. This report addresses what it is like working at the Growing Resilience data collection site for three temporary employees. In addition, it also addresses the undergraduate supervisor/project manager's insights on the RAs and their work. Discussing employee's experiences and understanding that employee's stigmas, backgrounds, judgments, and ideas carry weight and matter a great deal when working with a group of people who historically have been marginalized. The report provides insights to the importance and significance in knowing and understanding people's previous experiences and community history and background. Thus, that knowledge can help determine why those factors can affect the data collection/workplace environment. Furthermore, this report also discusses ways to ensure people working with marginalized communities are culturally competent and understand the norms and history of being ostracized or disregarded.

Literature Review

There have been many other studies that focus on cultural competency, education of staff members, community-based research projects and many other important factors. The following articles are a non-comprehensive review of other studies that have discussed information such as cultural competency, cultural sensitivity and other factors that all lead to why this report is valuable and substantial.

Jan Grove constructed research entitled *Researching a Marginalized Group: Reflections on being an outsider*. In this research, she looked specifically at researchers in Lesbian, Gay, or Bisexual (LGB) topics. More in depth, these researchers are many a time assumed to be LGB, and must then decide whether to “come out” as heterosexual. Obviously, this was shown to have an impact on how researchers presented themselves to participants. Grove explains that “researching as an outsider requires a reflection on power and the impact of self-disclosure” (Grove, 2017). Essentially, working with groups of people that differ from “ourselves”, it is important to be able to reflect on the power an individual may have in any situation. It is also important to understand how a power dynamic may affect research. Comprehending exactly why a power dynamic has occurred can be important for ethically conducting research. Knowing the history behind why such power dynamics have occurred and what one can do to remedy these dynamics is an integral part to good, ethical research. Grove finishes with saying that “those engaged in researching the other need an in-depth self-exploration of their own attitudes and position” (Grove, 2017). This self-reflection tool helps researchers look at their own stigmas, differences, ideals, attitudes and more and can help researchers determine which stigmas, attitudes, ideals, etc. can be beneficial and which can be harmful in such research environments.

Frances E. Baum explains in *Power and Glory: applying participatory action research in public health* that participatory research “breaks down the objectification of the people being studied and strives to involve those with whom the research is being conducted on more equal terms than is the case with traditional public health research” (Baum, 2016). Participatory research plays on the idea of self-reflection at both a researcher and participant level. This type of investigation “forces” researchers to work with participants on a more human-to-human level. It makes both participants and researchers see the other, work with the other, and make research

findings applicable to the other. Baum continues to discuss power and the relationship that power plays in traditional public health research and participatory research. Baum explains that “power concerns theory because of the question of whose world view dominates in the research” (Baum, 2016). If researchers take a more traditional route, they may find that working only with themselves to determine research methods and quantifying and qualifying measures may not be what is best for the people and the problems they are researching. If instead, researchers take a more participant focused approach, they can work with the community and make research methods and more applicable to the people involved. Furthermore; by utilizing this approach, it keeps the people participating in the study involved. This involvement with people in the community being researched and community partners are being used to ensure lasting effects that go well beyond the research projects.

Participant-based research has many benefits, and those benefits as well as the challenges that come with adapting public health research can be discussed. In *Community Based Research Partnerships: Challenges and Opportunities*, Meredith Minkler outlines these pros and cons. For example, community based participatory research (CBPR) can help improve cultural sensitivity and the “validity of measurement tools through high-quality community participation in designing and testing study instruments” (Minkler, pg. 6, 2005). Working with community members and partners in creating tools to get valid, reliable results that will be relevant to the community can occur when discussions between communities and researchers happen. This also opens up a dialogue about culture and cultural sensitivity, meaning that researchers begin to understand what questions or tools must be asked in respect to a community’s culture and values. CBPR also provides insights into things such as recruitment and retention by increasing the trust and ownership of the project in these communities as well as increasing the “accuracy and

cultural sensitivity in the interpretation of findings” (Minkler, 2005). CBPR has many benefits; however, there are also some drawbacks that can occur. For example, Minkler describes the “insider-outsider tensions” that can occur. One major source of these tensions is the difference in rewards for partners involved in CBPR. Minkler explains that “although a major aim of such research is to benefit the local community, the outside researchers typically stand to gain the most from such collaborations, bringing in grants, getting new publications... the common expectation that community partners will work for little or no pay” (Minkler, 2005) is a source of inequity. Another issue that CBPR projects face is the difficulty in the sharing and release of findings from research. This is still a point of contention between researchers and community partners, as much of the data from projects never quite make its way back to the community that is involved in said project. Minkler says that this is a “crucial step in CBPR [and] involves returning data to the community and enabling community leaders and participants to have an authentic role in deciding how that data will be used” (Minkler, 2005). If this doesn’t happen, resentment is felt at the end of the participants, as they begin to be taken advantage of by someone or some people in a position of power, which causes an inequity in information and result sharing; the main point of collaboration. Overall, it is important to see that finding methods that are lead to more culturally competent researchers and employees can help bridge gaps and decrease animosity that may occur due to this imbalance in power.

The problems stated above and ones that delve more into cultural competency among Native American and indigenous groups can be examined in *Moving from research ON, to research WITH and FOR Indigenous communities: A critical reflection on community-based participatory research* by Koster et. al. In this article, Koster et. al. explains that research based on a western perspective of “researcher knows all” and “participant is passive” has been

marginalizing for Native American groups in the past. In other words, this outdated research method has preserved the colonization of Native American people and their culture again and again. Koster et. al describes this research method as one that “is enhanced by the strategy of situating Indigenous people as beings to be studied: as the “other”, as part of nature, rather than as equal holders of knowledge or collaborators in the creation of knowledge” (Koster, Baccar, & Lemelin, 2012). To effectively conduct research with historically marginalized groups, it is important to talk with, discuss with, and understand the people being researched. More importantly, it is a necessity that that community of people is included in decision making, and becomes an integral part of a research project. This can all happen by using CBPR. This includes, as Koster et. al says, doing the research WITH Native people and communities. Understanding cultural competency can be thought of with the four R’s (respect, responsibility, reciprocity, and relationships). If researchers that are not indigenous go in with respect for a culture and a people, if they take responsibility for lack of or miseducation or knowledge, if they reciprocate data, findings, and opinions, and build relationships between researchers from the “outside” and people involved from the “inside”, trust can be built. This trust then results in effective and ethical research that can be used to benefit both researcher and the people being studied. More specifically, research based around cultures and communities that have been colonized before needs to depend on things such as “asking permission and only proceeding when granted access... [requiring] time commitment on the part of researchers to develop relationships with the community... sharing results in meaningful ways and maintaining honesty about the purpose of the research and how it will be used... and giving the data to the community to use at their discretion” (Koster, Baccar, & Lemelin, 2012). Overall, Koster et. al. explains how

the different theories of Indigenous research, CBPR methods, and ethical research factors are all used to explain why they are so critical for research.

Cultural Competency & Humility and its Specific Role in Research

At its simplest level, this type of research; discussed in these peer reviewed articles, that's conducted on, with, and for Native American and indigenous people is all about empathy, cultural competency and cultural humility. Researchers need to empathize with the community, the culture and the people to make connections. These connections build relationships that tie the research to the community, making the research more beneficial to those that make the research possible; the people. Empathy is defined as “the action of understanding, being aware of, being sensitive to, and vicariously experiencing the feelings, thoughts, and experience of another” (Merriam-Webster, 2018).

Cultural competency is defined as “the ability of researchers and research staff to provide high quality research that takes into account the culture and diversity of a population when developing research ideas, conducting research, and exploring applicability of research findings” (Program for Cultural Competence in Research Harvard Catalyst & The Program for Faculty Development & Diversity, 2010). Combined, using empathy and cultural competency together can help create better researchers, better research staff, better results, and better research relationships with a diverse group of people connected by learning and knowledge gain. Cultural competency is “critical for researchers to ensure: 1) effective communication and interaction between researchers and study participants; 2) adequate analysis and interpretation of results as they relate to the patient/population impact; 3) appropriate engagement in study design and implementation for community/population based research” (Program for Cultural Competence in Research Harvard Catalyst & The Program for Faculty Development & Diversity, 2010).

In a sense, cultural competency can help “close the gaps” that still occur in CBPR. There is very limited research on cultural competency and its effects on research, especially health related research. Since data is sparse regarding research based cultural competency, it was integral to include the knowledge of a group of employees with previous experience at the GR data collection site. This projects adds to the empirical literature on this issue by exploring the experiences of undergraduate RAs and the project manager of a CBPR project between a university and the WRR.

There is, however, a distinct difference between cultural competency and cultural humility. In a sense, cultural humility takes competence a step farther, as it “incorporates a lifelong commitment to self-evaluation and self-critique, to re-dressing the power imbalances... and to developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations” (Tervalon and Murray-García, 1998). Cultural humility takes into account a person’s sense of self, and a person’s ability to self reflect throughout life and throughout their career (i.e. as a researcher, as a doctor) and constantly be aware of others culture to remedy power imbalances. Humility can include the idea of the “lifelong learner model”. However, this model cannot come alone with just knowledge being learned. It must also come with changes in behavior and attitudes. For example, one can learn a lot of things about different groups of people (cultural competency) but to make a noticeable difference, behaviors and attitudes have to change. Tervalon and Murray-García discuss this, explaining a situation where a doctor explained to a nurse that a Hispanic patient seemed to be in pain, which was obvious because the patient was moaning. In response, the nurse said that she “knew” that Hispanic patients “express the pain they are feeling” because of cross-cultural medicine courses she had taken in nursing school. Tervalon et. al. then explained

that this sense of expertise then disregarded the patient's reality of pain as well as brushed away the possibility of a colleague that perhaps could provide more knowledge to provide cultural insights. It was examined that the "equating of cultural competence with simply having completed a past series of training sessions is an inadequate and potentially harmful model of professional development" (Tervalon and Murray-García, 1998). However, it was noted that obviously it is still important to know a lot about the different people and different cultures being served; however, it is also necessary that those serving these people and cultures are constantly involved in the idea of self-improvement. This means understanding that there are others who know more about a people and a culture, being humble enough to search for these people and use them as reference, and to always be learning. This also means being flexible and humble enough "to say that they do not know when they truly do not know" (Tervalon and Murray-García, 1998). This then gives way to more access and more possibilities that enhance practices such as healthcare and CBPR.

Methods

To reiterate, the WRR is located in Wyoming's Wind River Basin. It is the 7th largest reservation in the United States. There are many different towns on the reservation, Fort Washakie and Arapaho to name a few. Around 26,000 people call the reservation home, many of whom are enrolled members of the NA and ES tribes. Many Native American people, including the NA and ES suffer from health disparities such as diabetes, food insecurity, and access to other health interventions. The University of Wyoming collaborated with Blue Mountain Associates, Inc., Eastern Shoshone Tribal Health (ESTH) and Wind River Development Fund (WRDF) to create the GR project. These associates provide a needed link from the University of Wyoming to the participants of GR and the people in the communities this project will effect.

GR is a CBPR that is using home-gardens to promote family-based health interventions and to reduce the disparities that Native American people face regarding their health. The project includes data collection days, where permanent employees and RAs come together to gather data from participants (i.e. biometric, survey, blood). RAs are needed to give participants a more comfortable experience. The RAs are chosen by permanent employees such as Dr. Christine Porter, the project director and principal investigator. The days I staffed the data collection alongside other RAs was in August 2018. I selected two RAs besides myself for my interviews. The two RAs I selected because of the hopes that their experiences would differ and provide unique insights to guide my report. I also chose these two RAs because they were in close proximity to where my interviews were being held. I also included an interview with the project manager, this was used to get more insight into the work of the RAs, certain processes, and other meaningful information that the RAs themselves could not provide. I interviewed 3 people, and had one RA interview me over the months of October and November 2018. Obviously, talking to employees of the GR project was key to creating this report. I conducted four interviews that were held with the consent of all interviewees (see Appendix C). These interviews were all audio recorded and I also took notes during each interview. I interviewed a permanent employee named Jane (names, other than my own, are pseudonyms) with a set of permanent employee interview questions (see Appendix B). The questions included were designed to ask what the project manager thought about the RAs and their work (e.g. what have you thought about the temporary employees that worked under you?). The two interviews I held with RAs Mary, Amy, and myself; Ariella Welsh were with a set of temporary employee questions (see Appendix B). These questions were determined to ask RAs to self-reflect on their experiences (e.g. what do

you wish you knew before working at GR?). Each interview provided unique insights into Growing Resilience.

The next section is an analysis and discussion about the findings of the interviews and the implications that those findings may have on further research with the Growing Resilience project or other CBPR research projects in the future. When analyzing the data, it was important that I organized the information I learned from the interviewees into themes. The themes I chose to focus on were “things I knew”, “things I wish I knew”, “things I did well/bad”, “things I would change”, and “other important information”. I went through my notes taken during each interview and highlighted different information. I used these notes to guide what I would discuss in each interview section. Furthermore, I then used the audio recordings taken during each interview to obtain quotes without transcripts and to get more information that I may have not written down in my notes during the interviews.

To reiterate, this report is used to highlight the differences and similarities in the shared experiences of the GR team. It also provides a critical lens to explain why people’s previous history, experiences, and backgrounds all effect research done with marginalized groups of people. Furthermore, this information is used to determine methods and approaches that can be used to provide employee education/training to ensure that research partnerships continue to be efficient, welcoming atmospheres.

Results

The interviews provided a lot of insight into RAs experiences. The first interview was done with temporary employee Mary. Mary is a recent college graduate and currently works at a clinic. She was trained to take biometric data and then was trained in survey administration on arrival to the Growing Resilience data collection site. She heard about GR from a friend who had

Christine as a professor. Mary then contacted Christine directly. When prompted, Mary explained that she wanted to help with data collection “One, I was kind of in, like a weird transitory period in my life, so I had the time to pursue things like this; two, I’ve always wanted to be involved in something that was working with the reservation because I think it’s a really overlooked part of Wyoming and it’s community in general; and three, I also felt like Growing Resilience was a perfect blend of health and environmental health, which are kind of my two passions, I would say”. She was then asked the more difficult questions about what she thought of the people and participants at the GR data collection site. She responded, saying that “what I expected [of people working] was kind of a bunch (this might have been naïve) of like-minded people out there because it was a cool project and because it had implications and an ability to actually create change in a really marginalized community” and that she “didn’t expect much from [the participants] just because I was there to do a job and so I figured they were there because one, they were part of the project and two, because there was direct benefits to them. So, I don’t think I really had any expectations from them... I didn’t have any expectations but I wasn’t disappointed”. Furthermore, Mary was asked about her expectations about the families participating and the WRR. She explained that “I was surprised at how a lot of people didn’t know their own age” and that “I didn’t really expect anything [about the WRR]. I was surprised about the lack of cell service or the lack of internet service and WIFI... and the isolation that comes along with that”. Mary gave wonderful insight into the preconceptions she may or may not have had before participating in GR. This knowledge gave a great lead in to the next set of questions, ones that focused on reflections of what she wished she knew before participating, what surprised and disappointed her, what she gained, learned, and lastly what could have helped her succeed more. She explained how she wished she “looked into [GR] more, known more of

the story [of GR], and cultural awareness; if I had been super aware of systemically how disenfranchised and marginalized this group of people had been, then I would have been able to be a much more conscientious employee". She also discussed that the "lack of participants, the actual staff working (not how apathetic, but how it seemed like 'just a job' to them)" surprised her the most. Continuing the conversation, Mary discussed that she gained in many ways from this experience. For example, she thought "it was super nice to get that intimate contact with the reservation" and "it was really eye-opening... and any contact you get with people where you have to communicate is really influential". It was also discussed that Mary felt her preconceptions about any aspect of the GR project had changed, noting that at the beginning she was ardent that gardening was culturally relevant and made sense. Soon, however; after talking with participants and employees she realized it was hard for people to keep up with the time-consuming task of gardening. Furthermore, Mary touched on what would have helped her do an even better job than she did, saying that "if on the day we set up... people would have said 'hey guys, here is a quick run through of the project, this is why we are doing it, these are the goals we are hoping to accomplish, and this is the group of people we are working with' just to make sure everyone was on the same page... to make it more of a professional atmosphere it would have been a lot better". This first interview with Mary examined a lot of issues that need to be discussed further in conversation with other interviews. These issues include many that fall under the broad umbrella topic of cultural competency. Through Mary's viewpoint, issues such as lack of knowledge about the project, the people, and the place are brought forth and coincide neatly with her ideas for more education and training before collection days.

I (Ariella Welsh) was interviewed next by Mary. I am 21 years old and am currently a student at the University of Wyoming. I grew up in Lander, Wyoming and have a parent who

worked as a teacher on the reservation as well as many family friends that grew up on the WRR. I took a class of Dr. Christine Porter's and that is where she contacted me and asked if I wanted to help with the GR project. I wanted to help with this project because I thought it was interesting to learn about community health and community based research methods. During the GR data collection days, I was working in the Biometric station. I believe that I did well working the biometric data tools. I believe that I did have some preconceptions before I went in to the data collection. When discussing what I expected of the people working at GR, I said "I expected a lot of like-minded people and I expected everyone to be a part of the GR team. I expected everybody to be pretty excited that we were all there gathering to help a communal issue that was really systemic". When prompted about what I expected of the participants, I said that I expected "a lot of hesitancy with these people coming in and collecting data". I believed that I brought good communication and empathy to GR and that I had the ability to help someone feel more comfortable and welcome. I think that some things in my life helped me prepare myself to do the work I did, more specifically "I think growing up in Lander... having my mom work on the reservation... we would interact with other students or teachers... and that was kind of an eye-opener and prepared me to do well". I think that something that could have benefited me was just "being more aware of culturally what was happening... I felt like as a group [GR and WHF], we should have gotten together had a discussion on why [the work we were doing] matters and why we need to be culturally sensitive". I believe that having a discussion or a pre-data collection presentation that goes over "what the project is, what it's doing, some examples on why we; as a University working with a reservation, need to be more culturally sensitive, etc.". Furthermore, when discussing what I wish I knew before participating in GR, I said that "I wish I knew more of the history of the GR project... what was happening in the project". I

believe that I gained from this experience in many ways. For example, I “think I gained more communication skills and more empathy towards groups of people who have historically been so marginalized. Especially when we go in as a person who has had nothing taken away from you, ever”. Along the same lines, the preconceptions that I had in my head (i.e. shyness, quietness) were changed after GR. I was also surprised by the “amount of communication that they offered back to us and what they wanted us to know from it”. For example, many people talked about how things that made gardening difficult for them, which was important information that could be worth sharing. Finally, when asked what could have helped me do my job better, I replied saying “a little education beforehand (either more on my end or a broad pre-collection talk). I think a little more education on the part of the permanent employees that could help the temporary employees [could be beneficial].”. I also explained that “we need to make sure we know what we are doing as a group of people who are coming into someone else’s space and running these tests... and understand that it is not only valuable to us but even more so valuable to them”.

The third interview was held with temporary employee Amy. Amy is 21 years old and is currently a full-time student. She heard about the Growing Resilience at the Native American Summer Institute. For that, she oversaw taking kids with interests in a health related field to their correct sections. Amy met Dr. Christine Porter at one of the sections, and Christine then asked if Amy would want to help with the data collection. Amy was very interested in the project and what it was about and felt that she wanted to help with the data collection because “I’m a Native American myself and I want to become a mentor and be able to help anybody. This was a first step”. Amy started out working at the Survey station, then was moved to the Biometric Data station. She felt that she felt good about how well she did technically, saying that she “got help

from everyone in Biometrics... so I watched then did it myself... I think I did really well being accurate with all the measurements". Amy had similar previous experience with helping Native American families, saying that "being around my own, knowing what makes them comfortable or uncomfortable, knowing when to step up and when to say something" was important in helping the participants feel as welcomed as possible. Furthermore, she explained that she "learning from being a peer mentor, knowing how to approach people, and being in a health field and knowing my own background" helped her do the work to the best of her ability. She continued, saying that the training and observing helped her learn how to work everything and that specifically, she thought she excelled in "answering questions and how to help people out" when needed. When discussing expectations and ideas, Amy explained that she "did not know how many families would come, but knew some of those families would have lots of kids because some households that couldn't afford groceries or whatever it may be probably have a lot of people in their family. I knew that most of them would be quiet but willing to work".

When talking about the WRR, she said she "visited the reservation before this project... I knew it was going to be like any normal reservation; families at their homes, lands sparse... households that aren't fixed, unkempt roads, unreported crime that the state (outside of the reservation) does not take care of". Furthermore, before participating, Amy wished she knew "more information about what the project is and what I would be doing". She was surprised that "everyone was really friendly and nice" and was disappointed by nothing, saying she would "love to continue doing the project... it was very fun". Continuing, Amy explained that she felt she gained from this experience in many ways, citing that she "learned all the biometric tools, and learned to work together as a team". She said she learned about things pertinent to the project, learned about families and how "I can help my own communities". Lastly, Amy said that

“more information about what I was going to be doing” and about the project could have helped her do the job even better than she did.

The fourth and final interview was held with Jane. She is a permanent employee and is the project manager for the GR Research Project. She is 33 years old. She was the project coordinator for Food Dignity, another project dealing with food insecurity. GR grew out of Food Dignity and Jane helped write the grant for the funding of GR. She was hired by Christine at the very beginning of the project. She felt she wanted to help with the project and the data collection because she likes the community based research and action research ideas. The first set of questions focused on were about the hiring of temporary employees. When discussing this, she talked about how training of these employees goes. More specifically, she talked about how at the beginning, they were under the impression that only permanent staff members would be needed, but as the project gained momentum, they realized that they had to start hiring temporary employees to help with data gathering sessions. Jane explained that an initial training was done “for all UW staff and all Wyoming Health Fair staff to talk about culturally sensitive language”. However; since then this training has consisted of a “night before meeting with people to give them the technical protocol on how to run their station but a lot less on the cultural sensitivity side”. Jane noted that while saying that, she realizes that there may need to be “more explicit protocols in place or more specific trainings”. She was asked about the qualities, practices, and/or expertise that some temporary employees have brought that are valuable, she explained that having people that are “highly compassionate” is key to providing a comfortable and welcoming experience for participants. She also brought up concerns with temporary employees, explaining that she has observed “a somewhat lack of compassion or situational awareness of how it would really feel to be someone in that position of both potentially having severe health

problems but also cultural context”. Discussing further, Jane added that “even though we have been lacking in culturally competency trainings... I hope that we have set up an atmosphere for participants that makes them feel that we really appreciate their time and that we give some idea of what research can look like where it is really participant focused”. As the interview went on, Jane was asked about what she thought would benefit these temporary employees in regards to working with a marginalized community, saying that “we should add in (for each group) the specific cultural competency lesson... [including] the history of Native people, historical trauma, and giving ideas of what words/sayings may trigger people”. Giving more background would most likely be helpful when working with a group of people who have been a part of historical trauma and marginalization. These trainings/lessons and having a “participant-focused attitude” could be helpful in any research situation. Furthermore, Jane added that “we are not; as researchers, trained to be kind and compassionate... we are trained to be clinical and detached”. Jane insisted that since many community-based research projects are focused on communities of people, researchers and research partners must start showing more empathy and compassion towards the people participating in said research. This can happen by providing education to other employees. Jane explained that this education could include “where the historical trauma and health disparities might come from, a couple of examples that would be regularly seen such as ‘someone can’t use the Tanita [BMI analysis] because of a prosthetic limb because of loss from Diabetes’ and a speech about being warm and reminding [the employees] that we want to be participant focused”. Jane then elaborated on what she may do differently, saying that she would be “making sure to do these other discussions about culture and compassion”. Overall, Jane explained that a lot of this comes down to if a potential employee “seems like a compassionate person who is willing to learn and listen”.

Discussions and Implications

These interviews from both temporary and permanent employees provided unique and exceptional insights on the Growing Resilience project and more specifically about the data collection days. They also provided their own views on their experiences in regards to why they were interested in the project and what they got out of their experiences. The common theme that continues to tie all the interviews together is education. This includes the education of both permanent employees, temporary employees, and partners. This education is an important and necessary part for the Growing Resilience project to fully succeed as a community-based research project with participatory action. Growing Resilience succeeds in so many aspects of CBPR theory. For example, they combine “systematic inquiry, participation, and action” by continually checking in with community members, making sure that their study is culturally relevant, and making sure that everyone participating has a voice, is comfortable and welcomed, and can communicate questions or concerns easily. Being in its third year, the data collection sessions for this project are almost finished. The GR team has successfully managed to be culturally aware and use compassion to answer their 3 goals, those being “1) Support 100 tribal families in Wind River in starting home food gardens; 2) Evaluate the family health impacts of these gardens; and 3) share what we learn with other tribal communities and with the nation” (Growing Resilience, 2018).

However; as Jane mentioned in her interview, it is “good to have that mirror held up”. It is important as researchers, that self-reflection and critiquing becomes a valuable tool that helps provide understanding into what was done well and what can be improved. The over-arching, umbrella improvement that needs to happen is education. More specifically, education presented by permanent employees or members of the marginalized community to employees or RAs. This

includes education about the history of the Wind River Reservation, its residents and communities, the GR project, and cultural competence. The concept of a brief discussion with all GR partners and employees came up many times in the interview sessions. To expand, this idea could include a talk given by permanent employees that would include a concise history of the WRR, of the people who live there, and why they are considered to be historically marginalized. It would also include an overview of the GR project and the reasons why the project is set up to involve the community as much as possible. Lastly, it would include a short lesson on cultural competency and humility. This would include the reason researchers dealing with human populations need it and why it is important. It would also provide examples of common misconceptions and stereotypes. These would be used to help explain how to be culturally competent and aware while using empathy and compassion to provide the best research data for the project while simultaneously providing service and information to the community being researched.

Even though this concept is very specific for use during the Growing Resilience project, the concept itself and the lessons learned through the experiences of Growing Resilience employees can be carried onto other projects. For instance, “an understanding of cultural competence in research is thus not only required for successful and culturally safe CBPR and community engagement, but also for effective research design, implementation, and recruitment of research participants” (Program for Cultural Competence in (Research Harvard Catalyst & The Program for Faculty Development & Diversity, 2010). The annotated bibliography titled *Cultural Competence in Research* explains how this umbrella idea has worked in many studies. It is also there to provide access to more information about the role of cultural competence in specifically the research field. For example, this article provided many different forms of

research that all discuss the role of cultural competence. This can help provide ideas, concepts and pathways for more CBPR. These ideas can help make the researcher-participant relationship more of a partnership that connects and interacts around research findings that provide information that is culturally relevant to the population being researched. This ensures that there is a flow of information being provided by both researcher and participant that capture the findings of new research and ideas of the community to create a successful and safe research project. Cultural competency is an aspect of this. Teaching researchers and staff about the history of marginalized communities, why it is important to act with respect, compassion, empathy, and sensitivity, and why it matters when researching these specific communities is an important tier that helps create better relationships among the people involved, ensuring that good quality research merges with respect and relevancy to marginalized groups of people is extremely important. As the Arapaho people say, “if you wonder often, understanding will come”. This rings true throughout CBPR methods. If researchers and community members begin to understand each other great progress can be made.

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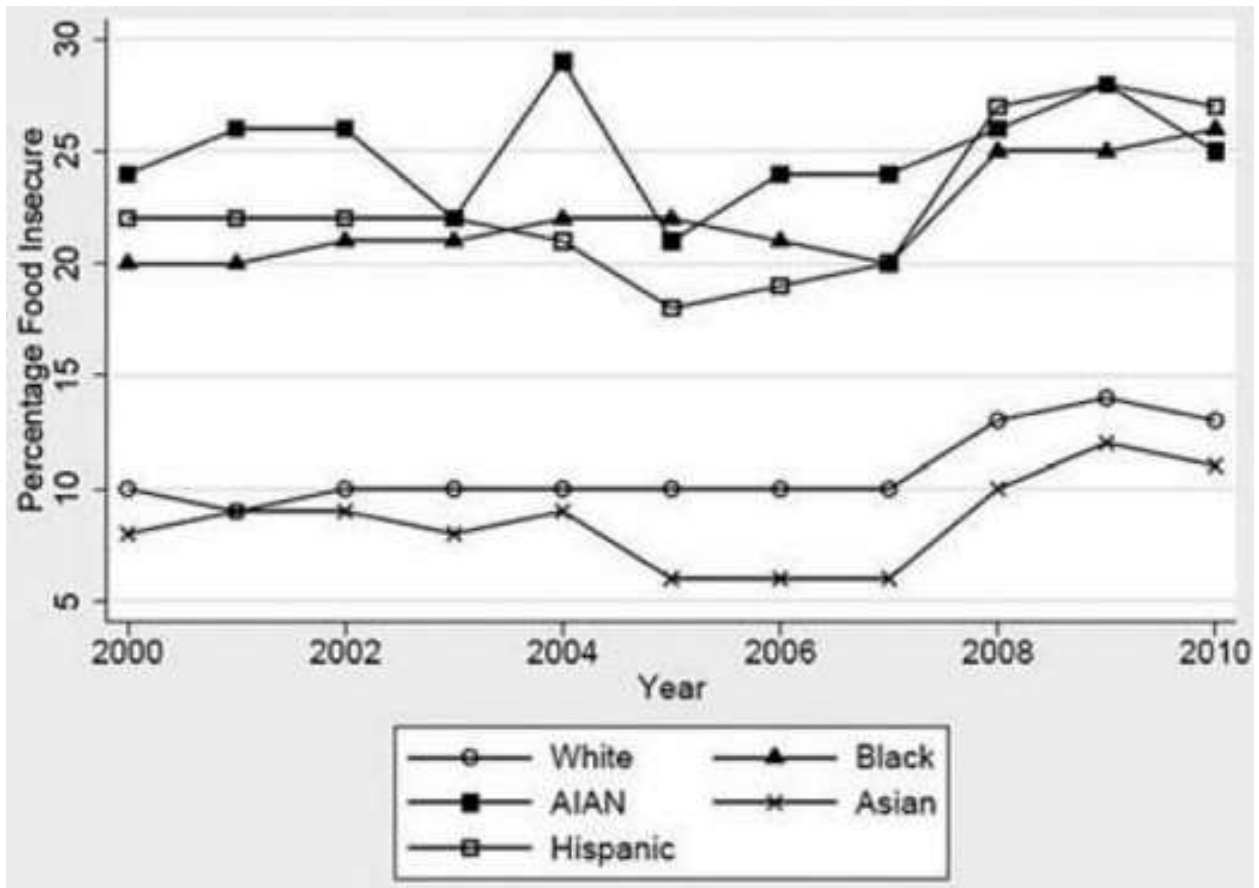
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Appendix A

Prevalence of food insecurity by race and ethnicity, 2000-2010 (Jernigan, Huyser, Valdes, & Simonds, 2016)



Appendix B

List of interview questions for both Temporary and Permanent employees.

Temporary Employee Questions

- 1) How old are you?
 - 2) What are you doing now? Student? Job?
 - 3) What were you doing during the GR resilience data collection?
 - 4) How did you hear about GR?
 - 5) Why did you want to help with data collection?
 - 5a) What were some of the reasons you wanted to help with the data collection?
-
- 1) Please describe the work you did during data collection.
 - 2) How well do you think you did?
 - 12a) Technically?
 - 12b) With making people feel comfortable and welcomed?
 - 3) What did you expect of the people working at GR?
 - 4) What did you expect of the participants at GR?
 - 5) What kind of experiences or skills did you bring to GR?
 - 6a) What are your thoughts on why the UW GR team asked you to staff the data collection?
 - 6b) What skills/experiences did you actually use or need?
 - 6c) What in your life helped prepare you to do that work?
 - 6d) What skills and experience did you not have, or have enough of, that might have helped you?
 - 6e) What could the GR team have done or offered that might have helped you more with that (i.e. to help prepare you better, or giving you different work to do)?
 - 6) What prepared you to do things to the best of your ability?
 - 8a) What did you think you excelled in?
 - 8b) What did you struggle with?
 - 7) What expectations and ideas did you have about what it would be like working at the GR data site?
 - 4a) What did you expect about what you might be doing and the team you would be working with?
 - 4b) What expectations did you have about the families who would be participating?
 - 4c) What expectations did you have about Wind River Indian Reservation?
 - 4d) How did reality compare to what you expected?
 - 8) What do you wish you knew before participating in GR?
 - 9) What surprised you the most about your experience?
 - 10) What disappointed you the most about your experience?
 - 11) What are some ways you gained from this experience working GR?
 - 12) What did you learn from this experience working GR?
 - 10a) What did you get out of this? In your eyes?
 - 13) Have your preconceptions changed at all?
 - 14) What advice would you give to someone else participating in GR?
 - 15) What could have helped you do this even better than you did?

Permanent Employee Questions

- 1) Occupation? Age?
 - 2) How did you hear about GR?
 - 3) Why did you want to help with the project and data collection?
-
- 1) How do you choose which temporary employees will work for you on data collection?
 - 2) How do you train them?
 - 3) Of these workers, what are the qualities, practices and/or expertise that some have brought that you value the most? (examples?)
 - 4) Of these workers, what are qualities, practices, and/or missing skills that have been of most concern to you? (examples?)
 - 5) What do you think they most get out of this work? (examples?)
 - 6) What do you think they struggle with most? (examples?)
 - 7) What have you thought about the temporary employees that worked under you?
 - 7a) What do you like about having them?
 - 7b) What do you dislike about having them?
 - 8) What do you think would benefit them in regards to working with a marginalized community?
 - 8a) Why do you think that these things would be beneficial for them?
 - 9) What do you think the temporary workers did best?
 - 9a) Did worse?
 - 10) If you were to give advice/education to the temps, what advice would be included?
 - 11) What did you learn from working with temps? Past and present?
 - 12) What, if anything, do you (or will you) do differently now in recruiting and training these employees, than you did at first?
 - 13) What advice would you give someone else in your position about how to recruit, train and supervise temporary workers in data collections like this?
 - 14) Anything else you would like to add?

Appendix C

Consent Form for Interview Participants

**Growing Resilience:
an action and research partnership between University of Wyoming
and Wind River Indian Reservation organizations and families to
testing home gardens as a health intervention
Consent to participate in process and context evaluation**

A. Purpose of the study

The “Growing Resilience” project team invites you to participate in this project to help us understand the context and process of this study which provides home food gardens and to measures the effects of these gardens on health. We would like to have your perspective on this.

B. What we will ask you to do

Share your feedback about the project and/or the history and context for this project by one or possibly more of the following about the project, process, and/or context:

- Sharing relevant **photographs or documents**.
- **Participating in a focus group.** Focus groups take about 1.5 hours and refreshments will be provided. The focus group facilitator will ask questions about how the data collection went for you. About 6-10 people would participate in the group. With your permission, we would audio-record this.
- **Participating in an interview.** Interviews would take about 30 minutes. With your permission, we would audio-record this.
- **Give informal feedback and insights.** We welcome your informal feedback and thoughts any time through face-to-face contact, emails, phone calls, etc. with any research partner.

C. Risks

The risks of participating are *not greater than those you probably face in everyday life*. You can choose anytime to not answer a question. This would have no impact on the benefits to which you are otherwise entitled. Also, we work hard to keep all data confidential, but a breach is possible, especially what you might share in a focus group or a public context such as a meeting.

D. Benefits:

There are no direct benefits to you of participating in this research.

We hope that you will experience some indirect benefits from this research project as well in the overall aims of growing resilience and health with Wind River Indian Reservation communities.

E. Confidentiality:

To the extent allowed by law, your individual communications with us are confidential. Please note, however, that *communication by email is not secure*, and that this might jeopardize confidentiality. Comments you make in public (for example, at events or meetings) or in focus

groups are, by nature, not confidential. At the beginning of each focus group, we will remind participants that what is said during the focus group should remain confidential.

The research team will keep project data (for example, audio recordings) on password-protected computers and on a secure storage website. No one else will have access to this data. In any publications, presentations, or requests for future funding, we will report findings from the data collection in aggregate, meaning we will not report individual data and/or results. We will keep the data indefinitely unless you contact one of the research partners listed at the end of this consent form to ask that your data be deleted. At a minimum, Porter will maintain all records and data relating to this research for at least 6 years after completion of the research project.

F. Freedom of consent and participation

Your participation is entirely voluntary. Even if you decide to participate now, you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled. For example, your participation decisions will not impact your relationship with Tribal Health organizations or with the University of Wyoming. You can choose to participate in some parts of the study and not others. To withdraw entirely, use the information below.

G. Contacts for questions or withdrawal

If you have questions or would like to withdraw from the study at any time contact Project Director Christine M. Porter, Associate Professor of Public Health, Division of Kinesiology & Health 307-766-2143, christine.porter@uwyo.edu.

If you have questions about your rights as a research participant, please contact the University of Wyoming IRB Administrator at 307-766-5320.

I agree to participate in this research as described here:

Your name, printed

Your signature

Date

If I participate in a focus group or interview, I agree to the following (you may check none, one, or both):

- UW staff can video-record the focus group or interview
- UW staff can audio-record the focus group or interview

Appendix D

The Wind River Reservation in Relation to a Portion of Wyoming (I)

