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“Wherever I Go, I Have It Inside of Me”: Indigenous Cultural Dance as a Transformative Place
of Health and Prevention for Members of an Urban Danza Mexica Community

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Abstract

“Wherever I Go, I Have It Inside of Me”: Indigenous Cultural Dance as a Transformative Place of Health and Prevention for Members of an Urban Danza Mexica Community

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Background and Purpose:

In 2012 the U.S. Census Bureau used “Mexican American Indian” (MAI) as a new category to describe people with ancestry from Indigenous groups of Mexico. This census category comprises the fourth largest Indigenous population group in the United States and encompasses a vastly diverse, complex, and intersectional population, for which there is little empirical health research. Many Indigenous scholars and community members cite involvement in place- and settings-based cultural and spiritual practices as potentially protective in reducing health risks and promoting well-being. The aim of this study is to understand the role of participation in cultural dance as a potential protective place for reducing alcohol and other drug abuse (AOD) and HIV risk, and for promoting overall health among a sample of people from an Urban Danza

Mexica Community (UDMC). Narrative, as storytelling, is a powerful medium of communication with the potential to uncover important risk and protective factors among Indigenous communities globally.

Methods:

This study is a secondary data analysis (n = 12; 9 included in the final analysis) of a larger qualitative AOD and HIV prevention study with UDMC in the Pacific Northwest (n = 21). The larger pilot study uses a community based participatory research approach to assess AOD, HIV and overall health needs through in-depth interviews. This secondary analysis introduces the decolonizing narratives of health (DNOH) model, developed by the author as an innovative, relational, analytic framework that places Indigenous stories in relationship to their context across 3 distinct yet interconnected levels—the personal, the communal, and Indigeneity in the larger world. These levels of narrative analysis function as culturally grounded, relational pathways through which to articulate health prevention and promotion methods. The sample of 9 participants identified ancestry among 4 Indigenous groups from across Mexico. Their ages were evenly distributed across younger and older adult cohorts (18+) with education levels from 0-8th grade, to graduate/professional degrees. Five participants self-identified as cisgender female, and 4 as cisgender male. Among the 9, one participant identified as cisgender two-spirit.

Results:

The DNOH model's narratives delve into the complex and nuanced relationships within participants' internal worlds (personal), between themselves and their danza community (communal), and between themselves and their overall Indigenous identity within society

(Indigeneity). Participants use narrative as a mechanism for resistance to colonial assaults and transmission of ancestral teachings about health and prevention. While marginalization of their intersectional identities is an ongoing challenge, participants within the danza circle use narratives to create spaces wherein they navigate complex conversations that resist oppression, reconnect with and strengthen their Indigenous identities, and strive toward ancestral visions of health and well-being.

Conclusion and Implications:

This study contributes to Indigenized theoretical and methodological expansion, and to the development of place/settings-based, narrative cultural health interventions aimed at decreasing health risks and promoting wellness among populations similar to UDMC. Identifying protective places and spaces that foster distinct pathways for decolonizing narratives helps increase understanding of its role in preventing health risk behaviors and promoting overall health and well-being among Indigenous Peoples.

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thank Ada Deer for her ongoing strength, mentorship, and inspiration—by the time this is published she will be (as she says) “84 and still looking for more.”

DEDICATION

For my parents, Bob and Maureen, who gave me life, love, strength, and compassion for all. For my siblings, Dawn, Wade, Virgil, and Travis, who are my best friends and best healers. For my nieces and nephews, Danni, Autumn, Chris, Wade Jr., Cedar, Quintin, Blaize and Rain, who give me purpose and motivate me to be a force for healing. For my partner, Ebasia, whose love is medicine. For my grandparents, Josephine, Francisco, Freda, and Wallace, who lead us, care for us, and help us from the spirit world. For my extended family, friends, mentors, and teachers, and all my ancestors who lift me up and inspire me. For all my peoples and the lands of the Menominee Nation of Wisconsin, where I was born and raised, and made strong and proud.

PREFACE: WHO I AM AMONG ALL MY RELATIONS

I first noticed the sweet scent of burning copal, and I was moved by the power of the *huehuetl* (drums) and the shaking of the *ayayotes* (seed pods) worn on the *danzantes*' (dancers') ankles. As I walked into a community center where I had once danced over a decade ago, my heart was beating rapidly with both excitement and nervousness. Excitement came from my sensory memory of the copal, the drumbeats, and the dance that once moved me in prayer and praise of all Creation on Mother Earth ("Tonantzin!"). Nervousness came from knowing I was an outsider, after having only participated in a danza circle for a few months before moving out of country many years ago. However, as part of the parent study, I was honored to accompany the principal investigator (PI), a prominent and beloved member of the Danza Mexica community, along with another research assistant. All three of us are Indigenous women from different places, yet all connected by Indigenous ancestry to what is now called Mexico. We came to this *ensayo* (practice) to support the PI as she danced, as well as to share information about the parent study and recruit study participants.

My identity and experiences as a mixed-race Indigenous woman brought me here. Growing up on an Indigenous reservation with Menominee and Mexican (Spanish and Indigenous) ancestry on my father's side and European (Norwegian, English, Irish, Scottish, German, French) and Indigenous (Mohawk) ancestry on my mother's side, has informed my personal understanding of living with intersectional identities despite colonial borders. During my childhood and adolescence on this northern reservation, I sometimes struggled with self-acceptance and belonging. Yet, there I was also nurtured to love my culture and community as well as to embrace my passion to love and protect our people and our land.

Leaving the reservation to study social work and make my career path in some ways brought me closer to home. Some of the things I learned growing up began to make sense. Some of the things I didn't have the opportunity to hear growing up, I began to learn. As a member of the Bear (*Awaehsaeh*) Clan, our ancestral duties in the tribe were speakers and keepers of the law. This was not done by force, but rather through working hard on behalf of the community to help facilitate peaceful relations. Since my youth, I've always strived toward helping others find peace and healing—this was how my parents and family raised me. With few free TV channels on the reservation at that time, I became a public television “nerd,” and through PBS programming and listening to my older brother Wade read books to us, I learned about human rights and Indigenous Peoples around the world. A fire was ignited inside of me. Around age 11 or 12, I heard about the Peace Corps on PBS, became determined to join one day to travel to Latin America to meet and build relationships with our Indigenous relatives to the south.

As I grew in my education and maturity, I dreamed of building relationships severed by colonial borders that crossed lands, bodies, and hearts. I stand on the shoulders of my ancestors, and Indigenous leaders like the late Menominee human rights activist and family friend, Ingrid Washinawatok (1957-1999). She gave her life for Indigenous solidarity and human rights throughout the Americas. She was assassinated by armed military forces while working with Indigenous Uwa communities of Colombia in defense of their lands and waters (Sachs, 1999). I also stand on the shoulders of family friend, social work mentor, and esteemed elder Ada Deer (born 1935), who continues to dedicate her life to protecting our sovereignty as Menominee people, from her work to restore our sovereign treaty rights after termination, to her continual leadership in grassroots organizing against corporate efforts to incrementally reduce our

sovereign rights to access our lands, forests, and waters. I am compelled to follow in Ingrid's, Ada's, and many other family, friends', and community members' footsteps to be part of fulfillment of the North and South American Indigenous prophecy of the Eagle and the Condor (representing Indigenous Peoples of the North and South, respectively): that they would fly together to bring about healing and awakening of Indigenous Peoples of the Americas.

Being Menominee, I came to realize that both the trauma of colonialism and resilience were woven into my DNA. Beyond the multiple colonial traumas our tribe endured common to other United States tribal nations since colonial contact, we were also one of the first tribes to be terminated by the U.S. government in 1954. As Ada Deer once corrected me—they did not take away our sovereignty, but rather, they broke a treaty with us. No one can take away our sovereignty—it is inherently ours, she told me. Ada was a renowned leader in the political battle for Restoration (the reversal of the Termination Act)—as were many others, including my late uncle and former Tribal Chairmen Glen Miller—which was won in 1973 after many years of hard work and advocacy. This experience left our tribe with a heightened awareness of the tragedy, pain, and loss brought on by such political attempts to destroy our Indigenous identities and nationhood, as well as our resilience to rebuild, heal, and thrive. Our history compels me to work toward unity, peace, and health, despite the complex challenges we face on a daily basis by ongoing settler colonial assaults and political attempts at dividing and conquering us and destroying our Indigenous identities in order to violate our Mother Earth for the sake of economic exploitation.

When I was assigned to work in Costa Rica as a Peace Corps Volunteer in 2007, I was excited to connect with other Indigenous relatives to the south. In my rural community along the Nicaraguan border, I lived, worked, laughed, and cried with beautiful, kind, generous, and

powerful people who looked a lot like people from my reservation. I was surprised when many of the people who I had asked to which tribe their ancestors belonged told me they were Spanish, they didn't know to which tribe their ancestors belonged, or they thought it was likely their ancestry was from local tribal groups of the region but weren't completely certain because it was not something talked about often. Whereas I came to learn there is indeed racial mixture, some of my friends in Costa Rica were excited to see the photos I brought from home, recognizing that Menominees looked very much like many of their relatives—and vice versa when I showed Menominees photos of the people of my Costa Rican community on visits home. It made me sad that some people did not seem interested in their ancestry, but I was also happy that many people seemed curious and would even share stories of older family members or grandparents who spoke of their Indigeneity with pride. Despite the limited dialogue on Indigeneity, the ways that people took care of their family and community greatly resembled the Indigenous community values with which I was raised. Throughout my service, I went on to meet Indigenous Costa Ricans who remained in their nationally recognized, tribal territories and enthusiastically shared commonalities between our cultures, spiritualities, and political struggles. I felt at home.

Years later I traveled to South Africa for an international gender violence conference and met African people from multiple nations who were excited to meet my U.S. Indigenous friends and I, telling us that they thought all Native people in the United States were dead. We shared experiences about colonialism, culture, and resistance movements, but most of all, we made lasting friendships. The following year I traveled to Colombia with an Indigenous human rights delegation and met Indigenous People who were also excited to connect and share commonalities in fighting for language and cultural preservation, human rights, protecting their lands, forests, and waters, and our sovereignty. Even on my most recent human rights delegation

in Cuba, I was told by a few people (some of whom looked like Menominees) that the Indigenous People were sadly decimated by Spanish colonizers not long after contact, though later someone told me there was still an Indigenous community somewhere in the mountains.

I came to recognize patterns of Indigenous erasure led by colonial projects and how some people, sadly, began to accept settler colonial erasure of their own identities and ancestors. I equally came to recognize the patterns of strength, resilience, solidarity, and ongoing resistance toward colonial erasure among those who were fighting to maintain them. In thinking of my own identity and place in these patterns, I came to recognize the history of colonially imposed cultural, linguistic, and political borders between Indigenous People in the north and south of what is called the Americas. Despite the combination of racism, internalized oppression, and simultaneous privilege I embody as an Indigenous, mixed-race, light-skinned, cisgendered, two-spirit¹, U.S. citizen, with a graduate-level education, English fluency, basic Menominee, and Spanish as a third language, I continue to learn how to embrace my intersectional identity as a vehicle for healing from the historical and intergenerational trauma of my ancestors, as a mix of both European colonial settlers and members of Indigenous nations.

Working with the beautiful, powerful Urban Danza Mexica Community (UDMC) and with my Indigenous mentors for my dissertation study is both a privilege and an honor. It is an opportunity to be part of fulfilling the prophecy of the Eagle and the Condor. Returning to work

¹ For the purposes of this dissertation, the term *two-spirit* is used as a broad, umbrella term to describe lesbian, gay, bisexual, transgender, and queer (LGBTQ) American Indian/Alaska Native (AIAN) and other Indigenous Peoples (including participants in this study), a term comprising the convergence of culture, sexual orientation, and gender unique to one's identity. Use and perceptions of the term vary by tribal grouping and individual preference and may be viewed positively or negatively. Those who use the term may identify across a range of sexual orientations and/or gender identities (Argüello & Walters, 2017; Parker, Duran, & Walters, 2017). Here I personally use the term as a cisgendered female bisexual person.

with this community is coming full circle from my brief participation in danza over a decade ago—and now as a doctoral candidate, building my doctoral career path. These experiences and relationships helped bring me to work with Dr. Ramona Beltran, as both a former fellow danzante, amiga/hermana, mentor, and now committee member and PI for the parent study for which I was a research assistant and from which I drew my data for this dissertation.

There are several potential advantages and disadvantages that emerge from my identity as both an insider and an outsider to this dissertation study (Dwyer & Buckle, 2009). Potential advantages as an insider include my lived experience as a mixed-race, Spanish-speaking Indigenous person, born and raised on a northern Indigenous reservation; being a dancer throughout my life (Northern pow-wow jingle and fancy shawl, as well as several Latin dance styles); my experience living, working, and being in personal relationships with people from Central and South America (Indigenous identified and non, many from Mexico) both nationally and internationally for over 15 years; and being part of a danza circle for several months before relocating over a decade ago. These identities and experiences have given me the opportunity to build relationships with people who may identify as part of an UDMC, as I continue to explore the little-known history of my Mexican grandfather's Spanish and Indigenous family origins.

Potential disadvantages as an outsider include my bias as a member of a Northern, U.S.-based, federally recognized sovereign nation; my very brief participation in a danza circle over a decade ago prior to relocating; not being raised within one of the many broad and diverse communities that identify as UDMC; speaking Spanish as a third language that I began learning in adolescence; and, as a U.S. citizen with citizen family members and relatives, not personally experiencing political, social, and cultural challenges many members of this population endure. These disadvantages may significantly limit my understanding of the lived experiences of the

participants. Given the broad diversity among this sample of the UDMC population as a whole, it was important that I approach this work with an open mind, heart, and deep humility for the teachings that come from the participants and their unique experiences.

It is also crucial for me to be conscious of the hate and violence incited by racist and xenophobic words and actions of the current president of the United States, and other white supremacist political leaders. This hostile social and political climate could raise concerns for participants about their safety in participating in this research study, especially for undocumented UDMC. Therefore, it was important for me to practice situating self or self-location (Kovach, 2009) through consciousness of my own positional privileges first in my role as research assistant on the parent study, as I wrote the dissertation, and as I followed institutional review board protocol to ensure the data were securely protected. I strove to practice consciousness of my assumptions of the participants' experiences and to avoid projecting my own understandings and goals onto the participants, through stating my positionality and engaging in ongoing memoing and consultation with my dissertation committee, the parent study PI, and staff.

One experience that brought the influence of my positionality on the data to the forefront lies in the development of the place and health section of the parent study questionnaire. The PI invited me to create this set of questions, given my research interests in place and health. I developed this set of questions through a qualitative research methods course I took. I submitted my questions to the PI, who worked with the Community Advisory Board (CAB) to revise the questions to ensure appropriateness and relevancy to the study population. My first challenge in developing the questions was to articulate them using nonacademic, everyday language. I became aware of my educational privilege when I needed to retranslate my originally embodied knowledge of an Indigenous relationship with place back from the academic language with

which I had first learned to articulate it in verbal and written form. I became aware of my second challenge after I used this set of questions to interview participants. Through my own personal reflections and consultations with the PI, I came to realize how my Northern, rural U.S. reservation-based Indigenous perspective and graduate-level education influenced the way I conceptualized the UDMC place relationship and wrote the questions. As a result, some participants needed clarification of the meaning of these questions. In consultation with the PI and throughout the interviews I conducted, I became more aware of the diversity of participant perspectives, understandings, and meanings (in Spanish versus English) of words such as *tierras originales* (original lands/homelands) on the basis of their first language, experiences, tribal affiliation, and country of birth. The Indigenous place relationship was mentioned throughout the interviews in a variety of ways, even when a few participants were initially confused about the meaning of the specific place and health questions.

What I discovered over the past 2 years since I began interviewing participants for this dissertation was not only the expansive diversity of lived experiences and Indigenous group identities among the UDMC, but also the unique differences in the histories of settler colonialism between the Indigenous People of the United States compared with Mexico. My understanding of both similar and distinct forms of Indigenous erasure in Mexico has deepened, such as via the *mestizaje* (mixing of races) project, which attempted to erase Indigenous identity and promote both internalized and externalized racism toward Indigenous People. I have also expanded and deepened my understanding of the different political relationships Indigenous Peoples of Mexico have with the Mexican nation-state and how this impacts connections with land and violations thereof. Most of all, I have become more keenly aware of how my Northern U.S. tribal standpoint has influenced my expectations of Indigenous Peoples of Mexico's relationships with

and access to their lands and place. Overall, I have learned that I am at the beginning of this learning journey. I am deeply indebted to and grateful for each of the participants who honored me with the gift of their stories, as well as the feedback from my mentors, all of whom helped guide me. It is my hope that I will continue to do honor to this resilient, beautiful community on this powerful journey of healing for all of us.

CHAPTER 1: INTRODUCTION

Background of the Research Problem

Since the year 2000, the population of people who identify as both Indigenous from North and South America as well as Hispanic tripled. The U.S. Census Bureau recently developed a new subcategory within this group—Mexican American Indians (MAI). MAI are currently categorized as the fourth largest Indigenous grouping in the United States (Norris, Vines, & Hoeffel, 2012), with a total population (MAI alone or combined) of 181,192 (U.S. Census Bureau, 2011-2015)—82,936 of which live in the Pacific Division (i.e., Alaska, California, Hawaii, Oregon, and Washington; Social Explorer, 2015). Although people who identify as MAI constitute a significant segment of the Indigenous population in the United States, little is known about their diverse identities, health status, and risk behaviors overall.

Given that health literature on MAI is significantly limited, the literature on alcohol and other drug abuse (AOD) and HIV among American Indians or Alaska Natives (AIAN), Latinx² (including Mexican Americans), and Mexican migrants (Indigenous and non)—as demographic groups to which those categorized as MAI may belong—is a resource that sheds useful light on potential social determinants of health across MAI individuals. Similar cultural experiences of colonial-based historical and contemporary traumas, such as forced migration and displacement,

² I use the term *Latinx* when referring to people who descend from the place that is called Latin America. Although popularized among scholars and activists in the United States as a term that critically challenges exclusive gender binaries in the Spanish language, it is also important to point out that critics claim it is exclusionary to non-English-speaking immigrants, creates difficulty in pronunciation, and is a form of linguistic imperialism (de Onís, 2017). I will otherwise retain the ethnic label used in the original source when citing other research, such as Hispanic or Latino/a. I acknowledge that whereas none of these labels adequately describe the broad diversity of racial, social, cultural, and political subgroups within them, I use them for the purpose of understanding across a broader audience.

discrimination, violence, and ongoing structural inequalities (Zúñiga, Fischer, Cornelius, Cornelius, Goldenberg, & Keyes, 2014) are major social determinants of health (Negin, Aspin, Gadsden, & Reading, 2015). The epidemiological literature on AOD and HIV among AIAN, Latinx (including Mexican Americans), and Mexican migrants (which includes Indigenous and non), reveals considerable risk for AOD and HIV. Such risk among these groups reveals the need for understanding the health risks and protective factors among people who may identify within the U.S. Census category known as MAI.

This dissertation examines qualitative, secondary data gathered from a larger HIV, AOD, and general health needs assessment among an Urban Danza Mexica Community³ (UDMC) in the Pacific Northwest. The primary aim of the dissertation is to explore the role of Indigenous cultural dance as a potential place/settings-based protective space wherein health knowledge is transmitted through narrative and helps facilitate health promotion and the prevention of HIV, AOD, and other health risks. The UDMC is a community of people who descend from diverse groups of Indigenous Peoples of Mexico (IPM; including Mexica), participate in a cultural dance tradition called Danza Mexica (also called Danza Azteca), and may be categorized within the MAI U.S. Census category. Because there are limited empirical health data for those who belong to the MAI category and, furthermore, no such literature for UDMC exists at the time of this writing, these findings may be used not only to develop, support, and strengthen culturally relevant and innovative theory and place/settings-based community level interventions, but also

³ None of the 21 participants in the sample used the term *MAI* to describe themselves. Thus, UDMC is employed as a temporary place holder for more culturally responsive terms that capture this community's experiences. Though beyond the scope of this dissertation, it is hoped that this work will help uncover pathways toward developing greater understanding of how members of this diverse community may identify.

to eventually build a platform for comprehensive social epidemiological survey data for the UDMC and other similar populations.

This introductory chapter begins with a brief description of the diverse groups of people who may identify with or be categorized as MAI, followed by an overview of the current determinants of health including risk and protective factors of AOD and HIV among AIAN, Latinx, and Mexican-born migrants—groups to which MAI may belong and within which they may have been categorized. I then briefly discuss how cultural dance can be an important intervention for Indigenous-identified populations and introduce the research design for this dissertation study. I close with a brief overview of each of the chapters of this dissertation.

Mexican American Indians in the United States

The U.S. Census Bureau defines *American Indian or Alaska Native* (AIAN) to mean “a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment” (U.S. Census Bureau, 2017). MAI, as defined by the U.S. Census, is used as a blanket term for diverse people with complex, intersectional identities who live in the United States and maintain affiliation or attachment with one or more Indigenous groups from Mexico. As with all other U.S. Census questions, AIAN people may or may not self-identify with the MAI category, may self-identify with one or more racial or ethnic identities, may have been born in the United States, Mexico, or elsewhere, and may be U.S. citizens, residents, or undocumented (Grieco et al., 2012).

People who select MAI in the census may descend from groups whose lands are located in what is now called Mexico, such as the Purepechas, Nahuas, Mixtecs (Ortiz, 2014), Zapotecs, Mayas, and Otomis (Fox & Rivera-Salgado, 2004). They may also descend from Indigenous

nations⁴ whose homelands and communities are severed by the U.S./Mexico border from California through Texas, such as the Kumeyaay People, the Yaqui, the O’odham, and the Kickapoo (Starks, McCormack, & Cornell, 2011). Comprising both members and descendants of such Indigenous nations divided by the U.S/Mexico border, as well as those whose origins lie farther south, groups categorized as MAI may experience unique migration histories and ethnicization processes through which they reconstruct identity and affiliations through migration-related communal and political action (Ortiz, 2014). These groups also likely share a history of Spanish colonization, oppression in Mexican society, and discrimination as immigrants in the United States (specifically non-U.S. born MAI; Ortiz, 2014). Given these histories, “place” and “home/homeland” have complex meanings for these groups—meanings this dissertation study will explore.

Such histories and processes shape the current state of health and well-being for these communities. However, health literature on MAI as a whole is significantly limited. The epidemiological literature on AOD and HIV among Mexican migrants (including both Indigenous and non), AIAN, and Latinx sheds light on the potential health disparities and risk and protective factors within this population, given similar cultural experiences of colonial-based historical and contemporary traumas (Zúñiga et al., 2014). These next sections will look at prevalence, health disparities, and risk and protective factors of AOD and HIV among AIAN, Latinx, and Mexican migrants (Indigenous and non).

⁴ It should be noted that there is diversity in how these cross-border tribal nations may identify. For example, Yaqui on the northern side of the U.S. border may only identify as American Indian given their federal recognition by the U.S. government as well as their complex, violent history and ongoing oppression from the Mexican nation-state (R. Beltran, personal communication, July 2, 2019).

Overview of MAI Health

Prevalence and health disparities.

AIAN and Latinx populations. Compared with other races, AOD is a significant concern in both AIAN and Latinx communities. AIAN experience some of the highest rates of substance abuse and mental disorders (Substance Abuse and Mental Health Services Administration [SAMHSA], 2018a) and AIAN combined with Native Hawaiians over age 12 have the second highest (4.1%) rate of illicit drug use in the past year—just behind Native Hawaiian or other Pacific Islanders (4.5%)—compared with other races and ethnic groups (SAMHSA, 2017). One study found that AIAN were twice as likely to meet criteria for AOD dependence (Bertolli et al., 2004). Hispanic or Latino populations, after White non-Hispanic populations, also reported higher binge-drinking levels compared with other races in the past month. Both AIAN and Latinx over the age of 12 years experienced alcohol use disorder at a higher percentage compared with other races in the past year (SAMHSA, 2017). Furthermore, AIAN and Latino youth have the highest rates of alcohol and illicit drug use prevalence compared with other races in the United States, beginning in early adolescence (De La Rosa et al., 2005; Walters, Simoni & Evans-Campbell, 2002).

The use of alcohol or any other substance is closely associated with increasing HIV risk for all populations (Centers for Disease Control [CDC], 2018). According to the CDC, there were 1.1 million people living with HIV in the United States by the end of 2015 (CDC, 2018). AIAN populations rank fourth (81% men and 19% women) for new HIV diagnoses by racial group. Overall, AIAN are at higher risk for HIV transmission due to factors such as high rates of other STD diagnoses, stigma and discrimination (especially in rural communities), poverty, and substance misuse (CDC, 2018). Among gay and bisexual AIAN men in particular, new HIV

diagnoses increased by 54% (CDC, 2018). Also at disproportionate risk, the Hispanic/Latino population comprised nearly one quarter of all individuals with new HIV diagnoses in 2016. 87% of the Hispanic/Latino individuals were men, and 12% were women (CDC, 2018). Eight-five percent of male diagnoses were due to male-to-male sexual contact, whereas 88% of female diagnoses were due to heterosexual contact. Specific risk factors and challenges to prevention lie in lack of awareness of diagnosis; disproportionate diagnosis compared with other races/ethnicities; higher rates of STDs; poverty, migration (undocumented individuals are particularly vulnerable), education levels, language; and stigma, fear, discrimination, and homophobia (CDC, 2018).

Mexican-born migrants. Epidemiological data on Mexican-born migrants, as subgroups of Hispanic or Latino demographic categories, is scant relative to that of AIAN and Latinx populations. Despite this limitation, it is crucial to examine the extant literature on this group, given its greater specificity and likelihood for inclusion of MAI compared with the significantly broad category of Latinx that includes people of diverse racial and ethnic backgrounds from multiple Central and South American nations. One of the few peer-reviewed articles on the epidemiology of this population cites that an 11.2% increase in the percentage of AIDS cases among Mexican-born migrants and Mexican Americans as a subcategory of Latinos in the state of California between 1995 and 2007 (from the HIV/AIDS Epidemiology Branch, California Department of Health Services, Office of AIDS, 2000 Annual Report, as cited in Sanchez et al., 2004). Several studies show that compared with their nonmigratory peers, Mexican-born migrants face greater odds of illicit drug use (Borges et al., 2011; Breslau et al., 2011; Zhang et al., 2015). Furthermore, the most prevalent psychiatric disorder among the Indigenous members of a larger sample of Mexican migrant farmworkers in California was reported to be alcohol

abuse, at 9.9%, compared with the non-Indigenous participants' rate at 6.2% (Aldrete, Vega, Kolody & Aguilar-Gaxiola, 2000). Though data on AOD and HIV among MAI is significantly limited, the extant data for AIAN, Latinx, and Mexican-born migrants point to considerable vulnerability and risk among this population.

General risk and protective factors as determinants of health. Risk factors are characteristics at the biological, psychological, family, community, or cultural level that precede and are associated with a higher likelihood of negative outcomes. Protective factors are characteristics associated with a lower likelihood of negative outcomes or that reduce a risk factor's impact. Protective factors may be seen as positive countering events (SAMHSA, 2018b).

Alcohol and other drug abuse. Conceptualizing culturally congruent and effective prevention interventions must be grounded in an understanding of the definitions, etiologies, and associated risk and protective factors as determinants of health of AOD and HIV (World Health Organization [WHO], 2004). Substance use disorder (i.e., substance abuse) occurs when the use of alcohol or another substance (drugs) leads to problems with health at work, school, or home. Although the etiology is not known, factors including genetics; the individual's physiological reaction to the drug; and emotional and environmental stressors, depression, and anxiety can lead to substance abuse (Substance Use Disorder, 2018). Both risk and protective factors can exist in multiple environments: in relationships, in communities, and in society. For example, at the relationship level, adverse childhood experiences could be a risk factor, whereas close parental involvement could be a protective factor. At the community level, risk factors could include community violence and poverty, whereas access to after-school programs or faith-based programs could be protective factors. Finally, at the society level, racism and barriers to

economic opportunity can pose risks, whereas policies that punish hate crimes and limit access to alcohol could be protective factors (SAMHSA, 2018b).

HIV. Substance use disorders are a major risk factor for HIV, increasing the likelihood of unprotected sex with multiple partners and intravenous use of illegal drugs with contaminated needles (CDC, 2018). Human immunodeficiency virus destroys the body's white blood cells, reducing the body's immune response to fight infection. HIV is transmitted between humans through unprotected sex, the sharing of needles used for injection drug use, and contact with infected blood through pregnancy, childbirth, or breastfeeding (CDC, 2018). Examples of specific protective factors related to HIV include the capacity to refuse unsafe sex and positive attitudes about contraception (WHO, 2004). Prevention strategies in the United States include sexual abstinence, reduction of sex partners, HIV testing, correct condom use, not sharing needles, and taking medications (CDC, 2017) such as pre-exposure prophylaxis (PrEP)—a combination of medications for people who are HIV negative but at high risk for transmission (Pre-Exposure Prophylaxis, 2018).

Population-specific risk and protective factors.

AIAN. Research on specific risk and protective factors for AOD and HIV among AIAN reveal both similar and distinct determinants of health. Risk and protective factors for AOD are individual, contextual, and historical. Individual risk factors could include family history of substance abuse, poverty, or trauma exposure, whereas protective factors could include the impact of cultural identity on socialization contexts. Contextual risk factors could include acceptance of substance misuse among peers or lack of access to treatment services, whereas contextual protective factors could consist of positive social networks that strengthen family and community ties. Historical risk factors could include the impact of historical trauma on

language, culture, and parenting skills (Evans-Campbell, 2008), whereas corresponding protective factors could include developing interventions that focus on strengths—such as the etiology of the high abstinence rates among AIAN (Whitesell, Beals, Crow, Mitchell, & Novins, 2012).

In terms of HIV, one systematic review of the literature on HIV among Indigenous Peoples across four countries (United States, Canada, New Zealand, Australia) found that substance abuse, childhood abuse, domestic violence, social relationships, and mistrust of health care services were the underlying risk factors at the root of these social determinants of HIV. Colonization was a common underpinning for Indigenous Peoples' experiences within each of these countries (Negin et al., 2015). Protective factors against HIV for AIAN populations include positive family communication (Marsiglia, Nieri, & Stiffman, 2006); privileging culturally congruent beliefs and values in HIV-prevention program development (Lowe, 2008); participation in spiritual and traditional health practices, as well as in grassroots social movements that strengthen Indigenous identity attitudes and enculturation (i.e. identification with one's own culture; Duran & Walters, 2004); and providing culturally respectful and supportive HIV testing and education settings (Worthington, Jackson, Mill, Prentice, Myers, & Sommerfeldt, 2010).

Latinx (including Mexican Americans). Much of the literature found on risk and protective factors for AOD and HIV among Latinx were youth focused. One study found risk factors for drug abuse among Hispanic adolescents to include poor self-image, high stress, weak coping skills, peer drug use, decreased self-efficacy, and limited self-control, goal-setting, and problem-solving skills (Schinke, Schwinn, Hopkins, & Wahlstrom, 2016). Another study on nonmetropolitan Latino adolescents found that risk factors for substance use included

acculturative stress, which leads to familial discord and decreased parental presence, support, and acceptance, and variable discipline (Torres Stone & Meyler, 2007). Regarding protective factors, one study found that higher self-image and English language spoken in the home were preventative factors for a large sample of mixed-gender Hispanic youth (Schinke et al., 2016). However, other studies have found that as exposure to U.S. culture increases, so does the likelihood of substance misuse (Villalobos & Bridges, 2017) and that decreased Spanish use was associated with greater substance abuse risk among Mexican-origin youth in particular (R. A. Cruz, King, Mechammil, Bámaca-Colbert, & Robins, 2018). Access to cultural traditions, strong cultural identity, and connectedness with family and community were potential protective factors for early onset alcohol use among Latina youth (Torres Stone & Meyler, 2007). Among Mexican-origin youth in particular, risk and protective factors for substance abuse were associated with the presence or absence of collective cultural values based on family (*familismo*), respect (*respeto*), parental monitoring, presence and communication, as well as whether Spanish or English was spoken at home (R. A. Cruz et al., 2018).

According to the CDC, Latinx face a number of risk factors for HIV transmission that are also common to other racial and ethnic groups. These include higher rates of STDs than some other racial and ethnic groups, which increases vulnerability for contracting HIV; stigma, discrimination, and homophobia; and low income and education levels, language barriers, and migration patterns that may pose additional barriers to HIV testing and treatment. One unique barrier undocumented Latinx face is a decreased likelihood of access to HIV testing and treatment services for fear of deportation (CDC, 2018). Latinx men who have sex with men (MSM) and older Latinas are among the higher risk groups for contracting HIV.

Regarding protective factors for Mexican American MSM, one study found several common themes: accepting sexuality (i.e., self, family, society; Meyer & Champion, 2010; Waldo, McFarland, Katz, MacKellar & Valleroy, 2000); machismo (i.e., positive connotation as protector of family/health; also seen as a risk factor with negative connotation of hypermasculinity; DeMente, 1996; Meyer & Champion, 2010); being in love (i.e., increasing likelihood of condom use and sexual monogamy; Meyer & Champion, 2010; Rosenthal, Gifford & Moore, 1998); respect for family (i.e., protecting health/avoiding risky behaviors); respect for self (self-acceptance and high self-worth; Meyer & Champion, 2010; Saddul, 1996); respect for life (wisdom and greater value for life with age; Meyer & Champion, 2010; Ostrow, Fox, Silvestre, Visscher, Vanable, Jacobson & Strathdee, 2002); and having HIV-living now (using condoms and limiting number of sex partners after becoming positive; Meyer & Champion, 2010). These findings are significant due to the high proportion of Latinos with HIV who are also MSM, as they provide important implications for HIV prevention (Meyer & Champion, 2010). Older Latina women are also one of the fastest growing groups contracting HIV. Protective factors for this population include adherence to what are considered traditional Latino values such as monogamy and decreased likelihood of multiple sexual partners, which may help prevent the spread of HIV among this population (Beaulaurier, Craig, & De La Rosa, 2008).

Mexican-born migrants. Whereas the literature on AOD/HIV risk and protective factors for Mexican-born migrants is severely limited—even more so for Indigenous Mexican-born migrants—the extant literature reveals several important risk factors. Within Mexico, Indigenous groups are increasingly vulnerable to sexual health risks such as HIV, due to lack of access to preventative education as well as increased exposure (Magis, Bravo, Gayet, Rivera & De Luca, 2008)—linked to transnational migration (Caballero-Hoyos, Villaseñor-Sierra, Millán-

Guerrero, Trujillo-Hernández, & Monárrez-Espino, 2013). Prior to coming to the United States, Indigenous Mexican migrants experience even higher poverty rates, lower educational levels and poorer health status, compared with their non-Indigenous Mexican counterparts (Pan American Health Organization, 2008). These health and economic inequities are linked to greater sexual risk behaviors among transnational Indigenous migrant workers (Caballero-Hoyos et al., 2013). Postmigration, Mexican migrants face increased HIV risk behaviors (Magis-Rodriguez et al., 2009; Sanchez et al., 2012), and Indigenous Mexican migrants are particularly more vulnerable to alcohol risk behaviors within the first five years of their arrival, exacerbated by social isolation (Pinedo et al., 2014; Zúñiga et al., 2014). Mexican-born migrants overall suffer significant health disparities and barriers to accessing public health programs compared with other racial and ethnic groups in the United States (Consejo Nacional de Poblacion [CONAPO]), 2010; Holmes, 2011; Leite et al., 2013), which could further exacerbate risk for HIV. Furthermore, sex under the influence of drugs or alcohol and having sex with sex workers are the top two interrelated HIV high-risk behaviors among Mexican male migrants post migration (Sanchez et al., 2012).

Protective factors for Mexican-born migrants may include exposure to HIV and STD prevention education, in spite of contextual challenges like poverty, and limited access to health care and education (Caballero-Hoyos et al., 2013). More specifically, several studies also reveal protective factors for Indigenous Mexican-born migrants through maintaining connectedness to community, culture, and language. Indigenous Mexican youth who live with their families in majority-Indigenous Mexican communities also have lower rates of alcohol use (Ozer & Fernald, 2008). Recent Mexican-born migrants' abilities to speak their Indigenous language was found to be protective against at-risk drinking (Pinedo et al., 2014; Zúñiga et al., 2014). In fact,

maintaining a connection to culture after arrival to the United States was found to be a potential protective factor associated with fewer health risk behaviors for MAI migrants post –United States arrival (Montenegro & Stephens, 2006; Pinedo et al., 2014).

This overview of the epidemiology and risk and protective factors for AOD and HIV among AIAN, Latinx (including Mexican Americans), and Mexican-born migrants demonstrates commonalities across individual, contextual, and historical domains, and the often interwoven, interrelated risk and protective factors between AOD and HIV. All three populations experience overall heightened risk for AOD and HIV due to a variety of factors rooted in structural oppression. Whereas historical trauma literature on AOD and HIV risk among AIAN is more abundant, emerging literature also points to its similar impact on those of Mexican origin (A. Estrada, 2009). Other common risk factors for AOD and HIV across these three groups include stress, trauma, discrimination, social isolation/disconnection, greater health disparities, poverty, limited access to education and health care, and migration (in the Mexican-born migrant and Latinx literature). Equally strong are common protective factors, including connectedness to family, community, identity, language, spirituality, and culture. Indigenous scholars posit that the “consideration of the ongoing impact of colonization and intergenerational trauma while also acknowledging strength and survival in the face of incredible hardships” is in fact a foundational step to understanding AOD and HIV risk among Indigenous youth (Jongbloed et al., 2016, p. 2). Extant literature reveals such multiple pathways that MAI—who may belong to one, two, or all three of these groups—may be at risk for AOD and HIV and also suggests potential protective factors may have important implications for designing strengths-based interventions that are effective in prevention.

Cultural Dance as an Intervention

Cultural interventions in general. Both Indigenous and Latinx scholars have identified the impacts of historical and contemporary traumas on Indigenous health outcomes, as well as protective factors through engaging in cultural traditions and being connected to community as identity-reinforcing practices (Castro et al., 2007; Walters, Simoni, & Evans-Campbell, 2002). Whereas previous AOD and HIV prevention efforts have differed in their focus across AIAN, Latinx (including Mexican Americans) and Mexican migrant groups, using evidence-based practices (EBPs) and interventions (EBIs) for prevention have dominated research and policy agendas over the last couple of decades (Kelley, Witzel, & Fatupaito, 2017). EBPs/EBIs are defined as best practices based on research, clinical knowledge, and patient values (Bartgis & Bigfoot, 2009). For example, EBIs such as motivational interviewing (Gilder et al., 2017; Ornelas, Allen, Vaughan, Williams, & Negi, 2014) have been used for AOD prevention, and Community PROMISE (CDC, 2015) has been used for HIV prevention among AIAN and Latinx (including Mexican migrant groups). Critique of EBPs' relevance to specific population characteristics such as age and community context have led to the development of the term *practice-based evidence* (PBE) in order to expand definitions of evidence to include culture-centered practices as emerging evidence interventions, complementary to EBPs and informed by community members, program staff, and practitioners (Bartgis & Bigfoot, 2009). Funding agencies began asking AIAN communities for benchmarks, outcomes, and deliverables as evidence that culturally based programs were “effective” and “valid” (C. Cruz, 2016 as cited in Kelley et al., 2017).

In response, tribal prevention practitioners and Native researchers began to increase advocacy for tribal best practices (TBPs), given that many EBPs are typically neither tested on

American Indian populations nor may be most effective tools for prevention (C. M. Cruz & Spence, 2005; Echo-Hawk, 2011). TBPs can be conceptualized as cultural and traditional Indigenous teachings considered to be effective in prevention of behavioral health risks such as substance abuse (Kelley et al., 2017)—which also poses one of the most significant risk factors for HIV transmission (CDC, 2018). These practices derive from oral traditions, observations, and intuition, which are based on thousands of years of subjective evidence, and are often carried by the knowledge, wisdom, and intellect of elders and community members (Kelley et al., 2017). Several Indigenous studies have combined specific EBPs that have been proven more effective with AIAN populations, in combination with traditional, cultural practices, such as drumming, crafts, sweat lodge ceremonies (Dickerson, Brown, Johnson, Schweigman, & D’Amico, 2016), and Indigenous language and cultural programming with place-based wilderness experience programming (Schultz, Walters, Beltran, Stroud, & Johnson-Jennings, 2016).

Indigenous relationships to place and cultural dance. This dissertation is focused on UDMC participation in *Danza Mexica*, which is “a shorthand term that refers to any tradition of dance rooted in ceremonies of pre-Cuauhtemoc Nahuatl-speaking peoples from the area in and around what is now Mexico City,” (Colín, 2014, p. 224) as just such a potential cultural intervention that is grounded in Indigenous knowledge. Specifically, I investigate the role that *danza* plays in making urban places and spaces wherein narrative is shared and teachings about health are transmitted. I explore how the UDMC as an urban, transnational, and diasporic Indigenous population preserves and perpetuates their relationship to place—meaning their ties to ancestral homelands as inextricably linked with their Indigenous identities—through *Danza Mexica* as a transportable representation of this relationship. Therefore, guided by Indigenous and Indigenous-congruent theoretical frameworks, I examine participants’ relationships to place

and to cultural dance in order to unpack these elements that may create such protective spaces for health and prevention for this unique population.

Place. For many Indigenous Peoples, community can be a positive, protective space wherein social relations are secured and maintained, and cultural traditions such as dance are shared. Places make communities, and communities make places—whether geographically bound or fluid and transportable (Larsen & Johnson, 2016; Ramirez, 2007). Place relationships are often framed in terms of geographically bound land-based spaces in much of the existing scholarship (Tuck & McKenzie, 2015) and are integral to Indigenous Peoples’ individual and collective health and identity in a plethora of ways (Schure et al., 2013; Walters, Beltran, Huh, & Evans-Campbell, 2011). For many Indigenous Peoples, “land is, therefore we are” (Bang et al., 2014, p. 45)—“many Indigenous cultures refer to seascapes, mountains, and other land formations literally and not figuratively as ancestors” (Tuck & McKenzie, 2015, pp. 52–53). Aboriginal Australian Poet Hyllus N. Maris sums up the Indigenous/land relationship in her poetry: “I am this land, and this land is me,” (Maris, 1988, p. 60). U.S. and Mexican colonial settlers have historically disrupted this relationship to land through policies such as federal removal to reservations in the United States (Walters et al., 2011; Whitbeck, Adams, Hoyt, & Chen, 2004) and through the colonial expansion of *haciendas* (large ranches or plantations) on Indigenous lands and subsequent forced labor of Indigenous People in Mexico and in lands in what is now known as the United States (e.g., California, Arizona, New Mexico, Texas; Barajas, 2014). The sequelae of assaults on Indigenous People and places persist today in both the United States and Mexico. Both nation-states seek control over Mother Earth’s resources (LaDuke, 1999; Nies, 1996; Smith & Frehner, 2010; Vickery & Hunter, 2016) through settler colonial projects such as extraction of minerals, as well as violence toward Indigenous Peoples’ lands and

bodies (e.g., contamination, displacement, assault; see, among others, Hooks & Smith, 2004; LaDuke, 1999; Leonard, 1997; Tetreault, 2015; Vickery & Hunter, 2016). Furthermore, the U.S.-commenced North American Free Trade Agreement (NAFTA) propels immigration by many Mexican migrants (including Indigenous Peoples) by decreasing corn subsidies, which further contributes to the disintegration of remaining Indigenous ties to land (Castillo-Muñoz, 2013).

In spite of these multiple assaults on Indigenous relationships to place, and the particularly complex challenges that result from these disruptions, Indigenous resilience persists through maintaining cultural and spiritual practices (Alfred & Corntassel, 2005; Anderson, 2000) as well as through organized resistance movements (LaDuke, 1999; Tetreault, 2015). Now settling in many urban spaces of the United States, some of these migrant communities are engaged in making place through engaging in cultural arts as a way of addressing important community issues including public health issues (Schupbach, 2016). Such “place-making” enables the ability to remember the places in the past, and re-create a sense of connection to them (Basso, 1996). Making such “place-worlds” also allows for such significant histories to be part of building solid futures within such communities (Tuck & McKenzie, 2015).

Cultural dance. Dance is an important art form by which Indigenous Peoples maintain their connections with places important to their identities (Basso, 1996). Participation in *pow-wows*, which are defined as “a dance or series of dances in different styles, organized around a designated and consecrated dance arena,” is one example of such urban-placemaking in the United States and Canada (Johnson, 2013, p. 221). For the UDMC, *Danza Mexica* participation can provide a space where identity and wellness are strengthened—as a form of cultural placemaking (Colín, 2014). Cultural dance provides both mental and physical health benefits for

Indigenous and other diverse communities (e.g., L. Archibald & Dewar, 2010; Deer Skye, Christensen, & England, 1989; Guerin, Guerin, Tedmanson, & Clark, 2011; MacDonald, Kreutz, & Mitchell, 2012; Maskarinec et al., 2015; Schweigman, Soto, Wright, & Unger, 2011). As an expression of Indigeneity, danza may serve as a means by which to re-create the connection to original tribal homelands and Indigenous identity (Luna, 2011; Ramirez, 2007). Furthermore, evidence is growing for the effectiveness of community-based, culturally grounded interventions (Fiedeldey-Van Dijk et al., 2017; King, 2011; Rowan et al., 2014), highlighting the significance of supporting the ongoing development and maintenance of such interventions to address health disparities in Indigenous communities.

Research Design

This dissertation takes a qualitative, narrative approach to uncover the role of participation in Indigenous cultural dance as a transformative process linking health to place, exploring how it may serve as a potential protective factor in buffering the impacts of stress, reducing AOD and HIV risk, and promoting health among adult UDMC. Although the data are collected within the context of an HIV and AOD prevention study, my specific focus looks at how participation in Indigenous cultural dance may create a protective place for risk reduction, which may thereby inform the development of place/settings-based, culturally grounded, effective health interventions among UDMC and similar populations. The broad aim for the dissertation is to explore the role that cultural dance plays in UDMC health as a potential strengths and place/settings-based protective factor from risk for AOD, HIV and other health risk behaviors. Within a traditional dissertation format, I use a narrative literature review (Ferrari, 2015) to present an overview of the published work on the intersections between these concepts, with a specific emphasis on Mexican migrants, AIAN, and Latinx communities, given limited

empirical literature specific to those who may be categorized within the MAI population. On the basis of the literature and guided by Indigenized, relational theories that illuminate pathways of stress, coping, embodiment, and resilience, I conducted a secondary analysis to answer the following research question: **How do members of the urban Danza Mexica Community perceive the role of participation in a traditional Danza Mexica community in relationship to health and well-being?** I used qualitative, narrative mixed methods to analyze the narratives of 12 (nine included in final analysis) diverse UDMC narratives through listening, identifying, and conceptualizing the pathways through which their stories function as potential protective strengths-based factors that facilitate both prevention and health promotion.

Dissertation Overview

Chapter 2 provides a historical and genealogical background of the UDMC population, starting with a history of the Indigenous Peoples of Mexico and ending with the genealogy of the UDMC specifically. Chapter 3 uses a narrative literature review methodology to analyze the place, settings, and dance in cultural health interventions. Chapter 4 provides a theoretical background on the role of place and dance in Indigenous health and its implications for Indigenous health interventions. It also introduces a theoretical framework I have constructed, grounded in several theoretical traditions that provide pathways through which danza can be transformed into a protective place. Chapter 5 provides an in-depth description of the parent study and dissertation study sample and research design, and outlines the qualitative, narrative mixed-methods I use in the analysis of the data. Chapter 6 presents the results of my analysis and follows the path of decolonizing narratives of each participant, divided into three layers of the decolonizing narratives of health (DNOH) analytic framework. Finally, Chapter 7 concludes with implications and future work.

CHAPTER 2: HISTORY & GENEALOGY LITERATURE REVIEW

Indigenous Peoples in various parts of the world share commonalities in their sense of rootedness in their traditional territories and histories of colonization and dispossession.

The boundaries that define the United States divide tribal territories and split communities and families. Based on these imposed boundaries, different citizenship statuses were conferred on members of some Indigenous communities. Thus, who is considered Native American—rather than Aboriginal Canadian or Indigenous Mexican—is arbitrary. Indigenous Peoples transcend national boundaries. (Weaver, 2019, p. 2)

Indigenous Peoples of Mexico (IPM) share histories of colonization that are complex, similar, and yet distinct compared with other Indigenous Peoples within what is now called the Americas (A. Estrada, 2009; Ortiz, 2014). The consequences of colonization in Mexico are evident in ongoing acts of social and political oppression Indigenous Peoples experience as targets of racism (Barajas, 2014), the added xenophobia they face in the United States (Ortiz, 2014), and the gender-based violence those who may identify as queer or two-spirit particularly experience in both countries (Beltran, Alvarez, & Fernandez, in press; Mirande, 2016). Such contemporary oppression is rooted in the European (primarily English, Spanish, French, and Dutch) invasion and colonization of what is now known as the Americas (Treuer, 2019). Simultaneously present is the sustained resilience of the people—a testament to the fortitude of Indigenous Peoples globally to resist multiple forms and sources of colonial oppression (both internalized and externalized), survive, and thrive. The purpose of this chapter is to trace the origins of the Urban Danza Mexica Community (UDMC) that the dissertation study sample represents, from past to present and from Mexico to the United States. This chapter will provide a brief history, primarily focused on the major Indigenous civilizations who settled in the Central

Valley of Mexico, where the Danza Mexica movement finds its cultural genealogy. Grounded in a rich history of precolonial civilizations to survival of massive settler colonial invasion and violence, it will then trace the genealogical origins of Danza Mexica as an important expression of the strength and continuity of urban diasporic Indigenous identities today.

Indigenous Civilizations of Mexico Prior to European Contact

The Aztecs, Nahuatl-speaking peoples, are considered to be the ancestors of the Indigenous Mexica peoples—those from whom Danza Mexica groups trace their ancestral and/or cultural roots (Colín, 2014). They migrated from what is now called Utah in the Southwest to the Central Valley of Mexico in the 12th century. Within the region where the Aztec originated were also ancestors of a number of tribal nations, which remain in their original lands today. The Pimas, for example, were known for their multistory architecture, ball courts (similar to Mayans), large agricultural fields, and one of the most extensive canal systems in the world. They also hosted a trade network that ranged hundreds of miles to the northeast and the northwest. The Pueblos of New Mexico (ancestrally located in the Four Corners region of Arizona, New Mexico, Colorado, and Utah) are another Indigenous nation who built an extensive highway system 400 miles long that connected 75 communities. The Pueblo Nation thrived from AD 850–1250, before migrating along the northern Rio Grande in the 13th century, where they built smaller cities and trade centers (reaching from the Pacific Ocean to the Great Plains and Central America). The Diné (Navajos) and Apaches were other nations inhabiting the southwestern region as well, having migrated centuries before Columbus’s arrival from subarctic areas of what is now known as Alaska and Northwestern Canada (where many of their tribal relatives remain today; Dunbar-Ortiz, 2014).

Prior to the arrival of the Spanish colonizers, what is called Mexico today was home to several large, vibrant, agricultural-based Indigenous population centers. The Mayan people were the first civilization considered to be corn cultivators—a crop that was the foundation of Indigenous American agriculture. Their civilization was influential and renowned for its advancements in science, culture, economics, and government. Simultaneously, the Olmec civilization built Teotihuacan—a major city in the Valley of Mexico. However, around AD 750, the Toltec civilization conquered and subjugated the Olmecs, dominating the area for the next four centuries. The Toltecs were known for their grand cities, architectural and artistic constructions, libraries, universities, and scientific research in medicine and astronomy. Around this same time in the Valley of Mexico, the Culhua people built Culhuacan and Texcoco—two large cities on the shores of Lake Texcoco. However, in the late 13th century they were overthrown and subjugated by the Tepanec people (Dunbar-Ortiz, 2014).

The Aztecs, who had migrated south to the Central Valley of Mexico in the 12th century, built Tenochtitlan on an island in the middle of Lake Texcoco around 1325, which was later overtaken by the Tepanec. The Tenochtitlan Aztec formed a tripartite alliance with the Tlacopan and Texcoco peoples to overthrow not only the Tepanec people in 1426 but also to gain control over all the neighboring Indigenous groups in the Valley of Mexico. Similar to the Germanic and Mongol invasions of Europe and Asia during this same time period, the Aztecs became the dominant group of the tripartite alliance, subjugating the local Indigenous groups and replicating their own civilization (Dunbar-Ortiz, 2014).

Aztec civilization thrived economically and supported a dense metropolis through hydraulic agriculture that centered around corn but also included beans, pumpkins, cocoa, and tomatoes, in addition to other crops. Other commodities produced included cotton, tobacco,

metalwork, textiles, arts, and architectural infrastructure that supported a wide trade network along Toltec-established trade routes across the Western Hemisphere. Significant archaeological evidence reveals extensive exchanges between Indigenous Nations from the north (including what is now the United States and Canada) to the south. These Indigenous Nations traded a variety of materials and culture (e.g., turquoise, corn, shells, feathers, flint, cultural and spiritual practices) all across the Western Hemisphere. Yet, peasants who resisted oppression within the Aztec empire organized uprisings throughout Mexico in the early 16th century. The timing of these uprisings aligned with the invasion of Hernán Cortés and over 200 Spanish soldiers, who formed alliances with the Indigenous peasants in resistance to the empire; together, they toppled the Aztec empire (Dunbar-Ortiz, 2014). This was in large part the beginning of the massive colonial invasion of what is now called Mexico.

Colonization of Indigenous Peoples of Mexico

Upon arrival, primarily Spanish and English colonizers waged colossal violence, destruction, disease, and ultimately massive attempts at annihilation of the Indigenous population of the Americas, events that continue to have repercussions today. The total population of the Western Hemisphere (North and South America) numbered around 100 million—of which 30 million were located in Central Mexico alone—by the end of the 15th century. The colonial genocide of Indigenous Peoples brought a severe 90% drop in the Indigenous population between the 16th and 17th centuries—from 100 million to 10 million people (Dunbar-Ortiz, 2014). European settlers (e.g., Spanish, English, French) practiced a particular type of colonization known as *settler colonialism* in the Americas—a form of colonization in which the “settler comes to stay” (Tuck & Yang, 2012, p. 5). Settler colonialism operates through both external (i.e., expropriation of all elements of the natural world to support colonial appetites,

often through military colonialism) and internal (i.e., bio-political and geo-political control of people, land, animals, and plants within borders of settler colonial nation) means (Tuck & Yang, 2012). The central motivation of settler colonialism is the acquisition of space and land, first through “discovery” and then through claiming it as a permanent homeland (Tuck & McKenzie, 2015). Settler colonialism relies not only on the physical destruction and disappearance of Indigenous Peoples in order to establish such settler home places (Tuck & Yang, 2012), but also of the psychic destruction of their existence through the creation of narratives that become normalized, naturalized, and internalized, by both the colonizer, and eventually, the colonized. It is a process that drives its efforts at erasing Indigenous identity on multiple fronts in order to survive (Tuck & McKenzie, 2015).

Interwoven throughout all settler colonial tactics toward Indigenous decimation is an attack on gender and sexuality, through heteropatriarchy as a gendered process of settler colonialism. This Native feminist theoretical concept refers to “social systems in which heterosexuality and patriarchy are perceived as normal and natural,” meaning other social systems are considered aberrant, and “rely upon very narrow definitions of the male/female binary,” wherein male gendered people are assumed to be “strong, capable, wise and composed,” and female gendered people are assumed to be “weak, incompetent, naïve, and confused” (Arvin, Tuck, & Morrill, 2013, p. 13; Beltran et al., in press). Settler colonialists used this gendered approach to justify their multiple violent assaults to Indigenous lands and lifeways across the world in order to assert superiority and subjugate Indigenous minds and bodies. Their goal was to decimate non–gender-binary people and social systems in order to replace them with colonial heteropatriarchal systems that continue to exclude and oppress women and queer people today

(Beltran et al., in press; Miranda, 2010; Walters, Evans-Campbell, Simoni, Bhuyan, & Ronquillo, 2006).

Miranda (2010) calls the specific targeting of violence toward Indigenous non-gender-binary people on the basis of their gender identities “gendercide.” According to Spanish colonial accounts as far back as the 16th century, *joyas* were esteemed, third-gendered people who played important roles in their communities in the region now known as California. However, the Spanish colonizers dehumanized them in multiple ways—through renaming, regendering, and murdering them. Many were murdered upon contact; the Spanish used large greyhound dogs to viciously attack and kill them as prey. The Spanish settlers targeted their language for decimation and attempted to erase their autonomy to self-name, replacing these words with defamatory terms that stigmatized and degraded the *joyas*’ bodies and important community roles. They were interrogated, tortured, and isolated from their communal relationships through Spanish colonial divide-and-conquer tactics used to force Indigenous communities to accept oppressive Christian beliefs that condemned third-gendered identities. The explicit goal of these colonizers (many of whom were part of Catholic missions) was to destroy the *joyas*’ existence in Indigenous communities (Miranda, 2010). Beltran et al. (in press) adapted the term *gendercide* to coin *gen(der)ocide*, to describe these atrocious acts designed “to deliberately align the denial and removal of gender roles—especially women and LGBTQ2S gender roles—as an inextricably connected and strategic aspect of the overall tactics of colonial genocide on Indigenous People” (p. 6). Understanding such historical attacks upon two-spirit people is important not only to framing the context behind the experiences of the both the two-spirit person in this sample (not identified for purposes of confidentiality), but also for other transgender/two-spirit people’s narratives in the parent study—to be explored in future work foregrounded by this dissertation

study. Their narratives are powerful means by which settler colonial narratives of erasure and stigmatization can be countered and decolonized.

Whereas such genocidal and *gen(der)ocidal* tactics for carrying out settler colonialism were generally similar throughout the Americas, they were also distinct in a number of ways. For example, in the United States, the political imposition of blood quantum subtracts Indigenous identity by erasing rights to land and identity as a move toward settler-colonial attempts at Indigenous disappearance (Tuck & Yang, 2012). Federal removal of many Indigenous nations to reservation lands was also one of the many ways the U.S. government attempted to dispossess and displace Indigenous nations of their lands, in order to exploit it for their social and economic benefit (Walters et al., 2011; Whitbeck et al., 2004). In Mexico, the Spanish also constructed a settler colonial nation-state with the same goal of social and economic exploitation. They built *haciendas* (large ranches or plantations) on Indigenous lands and enslaved and indebted Indigenous People to construct their wealth (Barajas, 2014; A. Estrada, 2009; Schulze, 2018). The *encomienda* (assignment) and mission systems forced Indigenous People to labor on lands stolen by the wealthy Spanish ruling class (A. Estrada, 2009). The Spanish used the *hacienda* system to indenture the Indigenous People through “debt peonage,” in order to suppress their freedom and autonomy (Barajas, 2014; A. Estrada, 2009). By the 1800s, Mexico sold land grants to U.S. settlers, which helped set the stage for eventual annexation of a large portion of Mexico (including what is now known as California, Arizona, Nevada, New Mexico, Texas, and portions of Wyoming and Colorado) to the United States under the Treaty of Guadalupe Hidalgo in 1848. Indigenous nations whose lands were located in this region now called the southwestern United States were now subject to another layer of settler colonialism by the United States, in addition to the ongoing systemic oppression already imposed by the Spanish

settler colonial projects such as the *encomienda*, mission, and *hacienda* systems (Barajas, 2014; Dunbar-Ortiz, 2014; Schulze, 2018).

The Spanish settlers also created a *mestizo* (mixed race) racialized class identity by which to erase Indigeneity. *Mestizos* are defined as people who have “biological and cultural roots among Indigenous tribes of Mexico as well as Spanish colonizers,” (A. Estrada, 2009, p. 332). *La Malinche* is said to be the mother of the *mestizos* and the Indigenous translator who was raped and bore children to Hernán Cortés, as one of his sex slaves (Saldaña-Portillo, 2016). Those who assimilated to Spanish culture or had phenotypes that more closely resembled Spanish were able to move “up” the class system, whereas those with more Indigenous phenotypes were relegated to a subclass status (A. Estrada, 2009). The settlers used the *mestizo* identity to solidify a Spanish colonial hierarchical pedigree system that included eight castes descending from those considered most purely Spanish on the highest “rung” to the “unconquered” Indigenous peoples on the lowest “rung” of this racialized and class-based system (Dunbar-Ortiz, 2007, p. 56). Thus, race and birthplace relegated Indigenous Mexicans to marginalized identities in their own lands, a practice that still continues today (A. Estrada, 2009)—recently exemplified in the racist insults toward Indigenous Mexican (Mixtec and Triqui) actress and Oscar-nominee Yalitza Aparicio (Mercer, 2019).

The creation of the *mestizo* racialized class enabled the development of the *mestizaje* (mixing of races) project, which began in the 1800s with the intention of unifying Spanish colonial power and domination (A. Estrada, 2009; Luna, 2011, 2013). The dispossession of Indigenous People and their descendants from their lands and ancestral identities was a state attempt at cultural and psychological annihilation, while simultaneously seizing Indigenous lands for the purpose of economic exploitation (Barajas, 2014; Bonfil Batalla, 1996). This project

attempted to diminish specific familial and ancestral ties to Indigeneity and replace them with a kind of melting pot framework of Mexicans as a “superior” mixed-race people with Spanish and Indigenous ancestry (Luna, 2011, 2013). Furthermore, it complicates Indigenous identity in Mexico, representing nationalized violence toward Indigeneity: “*mestizaje* contains multitudes: aggression and passivity, culpability and victimage” (Saldaña-Portillo, 2016, p. 13).

In the 1920s, *indigenismo* (as stated in Mexico) or indigenism (as stated in the United States) developed as a phenomenon that was used in conjunction with *mestizaje* to build cohesion within the Mexican nation-state (Alberto, 2016). It targeted multiple realms, including political, agrarian, artistic, and intellectual policies. As both a cultural and political project, it is argued to have “facilitated the formation of a modern Mexican nation by creating a myth of origin through the selective incorporation of indigenous history—while at the same time excluding actual Indigenous People through assimilation programs and land dispossession” (Alberto, 2016, p. 108). N. Cruz (2019) further argues that *indigenismo* nationalism (as used in Mexico and later among Chicana in the United States) was not designed to support IPM liberation, but rather to support the interests of *mestizos* who had assimilated to Spanish-Mexican society. Some scholars have argued that *mestizaje* and *indigenismo* have arisen as a settler colonial move toward innocence (Alberto, 2016; N. Cruz, 2019)—a means by which to secure tamper down settler anxiety, secure settler colonial futurity, justify domination, and maintain the status quo through gradual and persistent Indigenous internal and external erasure as a romanticized, appropriated past: “Indigenous people must be erased, must be made into ghosts” (Tuck & Ree, 2013; Tuck & Yang, 2012, p. 6).

Such erasure of Indigenous identity enables ongoing assaults aimed at controlling natural resources (e.g., land, water, timber, minerals) in both the United States and Mexico (LaDuke,

1999; Nies, 1996; Smith & Frehner, 2010; Vickery & Hunter, 2016) through using tribal lands for nuclear and weapons-testing, dump sites, and resource extraction (e.g., Hooks & Smith, 2004; LaDuke, 1999; Leonard, 1997; Vickery & Hunter, 2016). Similarly, in Mexico, many U.S.- and Canada-based corporations target Indigenous lands for extraction of minerals, which results in displacement, environmental contamination, and physical violence toward Indigenous People (Tetreault, 2015). Furthermore, U.S.-led policies such as the North American Free Trade Agreement (NAFTA) attempt to sever remaining Indigenous ties to land through mechanisms such as the privatization of communal lands and reduction of corn subsidies to small-scale farmers (Castillo-Muñoz, 2013; Saldaña-Portillo, 2016). NAFTA, as a neoliberal colonial policy designed to benefit corporate interests, has displaced millions of Mexican farmers (many of whom are Indigenous). Many are compelled to migrate north to the United States to find work to support their families (Saldaña-Portillo, 2016), a migration that has occurred “for millennia but now across the arbitrary border that was established in the US war against Mexico in 1846–1848” (Dunbar-Ortiz, 2014, p. 18).

These people—Indigenous-identified, *mestizo*-identified, or both-identified alike, are a population comprising a complex confluence of intersectional identities, and they may be targeted for racism, sexism, homophobia, transphobia, and xenophobia—leading to adverse health consequences (Barajas, 2014; Blackwell, 2015; G. S. Estrada, 2017; Machado-Casas, 2012; Ortiz, 2014; Ramirez, 2007; Sanchez et al., 2004; Zúñiga et al., 2014). In the current U.S. social and political climate, white supremacist leaders and groups continue to directly target Latinx immigrants, especially Mexicans, with social and political violence supported through the words and policies of the 45th president of the United States (Huerta, 2017). Indigenous People in particular experience compounded racism even within the Mexican and other Latinx

populations in the United States, due to social and political oppression toward Indigenous People in Mexico (Barajas, 2014; Ramirez, 2007). Thus, the settler colonial structure persists through North American corporate-driven, gendered, colonial projects and policies that dispossess IPM of their land, coercing them to migrate, often as low-wage laborers that resettle the lands of other Indigenous Peoples, “displaced by external colonialism, as well as racialized and minoritized by internal colonialism” (Tuck & Yang, 2012, p. 7).

In spite of over 500 years of colonization and occupation since the arrival of the first Spanish colonizers, Indigenous Peoples of the Americas share a history of survival, strength, and resilience. Not all who were relegated by birth to the *mestizo* class identified as such. Some sought and continue to maintain familial ties to particular tribal traditions within their communities. Whereas spiritual practices like *Día de los Muertos* (Day of the Dead) became relegated to folklore, such rituals and practices were in fact part of a process of resistance to the rejection of Indigeneity through religious syncretism with Catholicism. The genealogy of danza’s evolution from precolonial to contemporary times is a testament to their resilience. *Survivance* is a term that actively centers Native existence as present and thriving, not in response or reaction to settler colonial dominant narratives, but rather through stories that renounce them (Vizenor, 2008). As a form of survivance, some IPM (some of whom may also identify as *mestizo*) participate in Danza Mexica, to decolonize and reindigenize their health, bodies, places, cultural, and spiritual practices.

Genealogy of the Danza Mexica Community

The Danza Mexica (also known as Danza Azteca) community, whose members make up the sample for this dissertation study, is a diverse community of people all originating from multiple Indigenous groups that may or may not include Mexica (but follow Mexica traditions in

danza), may or may not also identify as *mestizo*, and who may choose be counted within the new U.S. Census category of Mexican American Indian (MAI). *Danzantes* (a general term that describes any dancer from what is called the pre-Cuauhtemoc, Conchero, Aztec/Azteca, or Mexica traditions) share a powerful history of resilience in the face of Spanish colonization, Christianization, and Mexico's *mestizaje* project (Luna, 2013). This unique and dynamic lineage spans from the Mexica people, a specific subgroup of Nahua Indigenous People of central Mexico, in pre-Cuauhtémoc times, to contemporary Danza Mexica groups in both Mexico and the United States. *Pre-Cuauhtémoc* (as opposed to *precolonial* or *pre-Hispanic*) is a term that privileges this Indigenous historical turning point over that of Spanish invasion and signifies the time period prior to Cuauhtémoc's 1521 surrender as the last leader in Mexico-Tenochtitlan (Colín, 2014; Luna, 2011). In order to understand the evolution of this community, it is important to know the context within which this diverse group of Indigenous People has come together to form the Danza Mexica community. This genealogy traces this evolution, from Mexico to the United States, organized by historical periods and iterations resulting in two main branches of Danza: (a) the Conchero Tradition, and (b) Mexicayotl or Danza Mexica. The genealogy is organized by the following evolutionary periods of Danza: (1) Pre-Cuauhtémoc Danza, (2) Conchero Tradition, (3) the Mexicayotal Movement, and (4) Danza Mexica in the United States (Colín, 2014; Luna, 2011).

Pre-Cuauhtémoc Danza. Although the Mexica people had written thousands of books prior to the Spanish colonial invasion, fewer than 10 survived mass burnings by Spanish clergy, who intended to obliterate any evidence of Indigenous culture and spirituality (Colín, 2014; Luna, 2013). Contemporary knowledge of pre-Cuauhtémoc Danza is informed by these few surviving books, multiple colonists' historical accounts (whose authors documented this "sinful"

behavior in order to inform more effective strategies of evangelization), art, poetry, musical instruments, and other archaeological artifacts. These artifacts emphasize the central role of dance in every aspect of pre-Cuauhtemoc Indigenous life through social, political, educational, cultural, and spiritual arenas. Examples of how dance was both a public and private obligation for Mexica society include its role in prayers and ceremonies related to agricultural events, commemorations and celebrations of human and astronomical events, communication of gratitude, commerce, education, and commitment through social relations (Colín, 2014). Given the aforementioned history of the Aztec (Mexica) empire as one that absorbed other Indigenous groups, these dances incorporated elements from various Indigenous groups, including the Chichimeca, Olmeca, and Tolteca (Colín, 2014; Sten, 1990), making it an intertribal melding of cultures.

As described earlier in the chapter, the Spanish colonizers committed multiple acts of genocide and massacre and relentlessly attempted to annihilate Indigenous economic and social systems (Gibson, 1964; Lockhart, 1992; Miranda, 2010) as well as psychological, cultural, and spiritual well-being in order to subjugate the people into indebted servitude and Catholicism (Colín, 2014; Gibson, 1964; Lockhart, 1992). Unarmed *danzantes* were targeted and massacred, and drummers' arms were cut off (Luna, 2013). This mass genocide ultimately led to the defeat of Mexico-Tenochtitlan under the last leader—Cuauhtémoc. Upon his surrender, he mandated that when the people can no longer resist through military force, they will resist spiritually (Luna, 2013, p. 48; Vento, 1994).

Our Sun (Age) has left us. He has left us in the shadows. We know he will return, to illuminate us once again. While he dwells in the house of the departed, let us be passionately united. Let us open our hand, while concealing in our hearts all that we

treasure. We must destroy our temples, our places of meditation; the streets we shall leave deserted. We shall lock ourselves in our houses, until the New Sun (Age) shines upon us. There in our houses, fathers and mothers must teach their children, that they may teach their children's children. How one day we shall rise reunited. Gaining strength from our new Sun (Age) to fulfill our destiny. (Cuauhtemoc, as quoted in Vento, 1994, p. 62)

The people were compelled to adapt, adopt, and exchange their Indigenous traditions for those of the Catholic faith in order to preserve and protect their traditions from complete decimation. The Catholic clergy recognized the powerful role that Danza and music played in so many aspects of Mexica life and used it as tool with which to advance their goals of Christianizing the Indigenous People (Colín, 2014). In fact, in 1590, Fray Joseph de Acosta wrote that “it is not a good thing to deprive the Indians of them [dances], but rather to try and to prevent any superstition from becoming mingled in them” (Acosta, Mangan, & Mignolo, 2002, p. 376). With support from Pope Saint Gregory, he declared that clergy should permit them the use of their customs in order to “try to channel their festivals and rejoicings toward the honor of God and the saints,” so long as “there is no admixture of their former errors” (Acosta et al., 2002, pp. 376–377). However, the Indigenous People strategically continued their practices privately within their homes and communities, preserving their cultural roots while surviving Spanish colonization (Luna, 2013) through the 19th-century Independence of Mexico from Spain, as well as under continual and increasing Westernization and marginalization of Indigenous People through the 20th century (Colín, 2014). Many of these rituals (e.g., building altars, celebrating Día de los Muertos/Day of the Dead) continue to be practiced broadly by Mexicans and Mexican Americans today—a testament to IPM survivance.

Conchero Traditions. From the initial Spanish invasion through the first half of the 20th century, the Conchero dance was the only form through which pre-Cuauhtémoc dance survived colonization. It began to develop following the colonial wars of the 16th century and combined Catholic rituals with aspects of pre-Cuauhtémoc dance. In fact, most danza circles in Mexico and a portion of danza circles in the United States can still be classified as Conchero. The Conchero Tradition is named for the stringed instrument, tuned like a mandolin and traditionally made of a concha (armadillo shell or large gourd) that is played by dancers (Colín, 2014). The Catholics replaced the Mexica people's flutes and drums with this mandolin, through which the Mexicas could still preserve their original song beats today (Luna, 2013).

Individual Conchero groups are typically based on documented lineal ancestry within the larger Conchero system, are structured hierarchically using terms from the old Spanish military (e.g., generals, captains, sergeants, lieutenants, soldiers), and emphasize discipline and adhesion to roles and rules. Each group honors a particular patron saint, and ceremonies take place in homes, churches, or ancient sacred sites. The regalia of the Concheros was conservative in accordance with Catholic tradition, covering the entire body and using imported ostrich and rooster feathers in addition to instruments such as jingle bells and mandolins. Ceremonies are steeped in Catholic rites but continue to follow ancient cycles and often take place at churches that were intentionally built atop Indigenous sacred sites (Colín, 2014). The Concheros “appropriated European Christian ways and made them their own” as a way of survival and resistance (Luna, 2013, p. 51). Although centuries of colonial rule heavily influenced the Conchero's syncretism with Catholicism, Mexican Catholicism had also been Indigenized (Luna, 2013). As Weaver (2019) reminds us, “contemporary Native Peoples continue to exist with

remnants of sovereignty, land, culture, and language, specifically because our ancestors planned for us and for our contemporary needs” (p. 3).

Changes toward further reclamation of Indigenous identity came in the first half of the 20th century. Former Mexican President Lázaro Cárdenas (1934–1940) was considered to be supportive of Indigenous communities’ rights, and his administration backed a rising public presence of Concheros. During this time, the government sponsored greater Indigenous presence in arts and culture and subsidized Danza groups and other visual arts, reconstructing a larger Mexican national identity that highlighted the presence and role of Indigeneity (Luna, 2011). In the 1940s, some danzantes in Mexico City began designing regalia that resembled pre-Cuauhtémoc styles, using face paint and other Indigenous icons, and reincorporated the use of the *huehuetl* (drum) and other instruments. These dancers drew on some knowledge that survived underground through oral tradition, knowledge that was preserved in more rural areas, and through study of ancient art and books. Whereas these changes were met with resistance from more traditionalist, Catholic-influenced Conchero peers, professional modern and folk dances were simultaneously increasing in popularity and Conchero groups also began traveling outside of the country and performing in films (Colín, 2014). Many traditionalists maintained their original practice as Concheros, whereas other groups returned to more Indigenized, pre-Cuauhtémoc practices, which they begin to call Danza Azteca (Colín, 2014; Luna, 2013). Although there is contention surrounding whether such nationalistic acts by the Mexican government were appropriative and exploitative of Indigenous communities (Alberto, 2016; N. Cruz, 2019), danza scholars Luna (2011) and Colín (2014) argue that these national initiatives supported decolonial processes within Danza Azteca.

The Mexicayotl Movement. Many danza groups continued to grapple with the process of decolonizing and reindigenizing danza throughout the middle of the 20th century. International Civil Rights movements (e.g., the American Indian Movement, the Cuban Revolution, the Chicano Movement, and the civil rights movements in both Mexico and the United States) helped accelerate this transformation as critical consciousness was raised. Language, arts, sciences, and significant achievements of pre-Cuauhtémoc ancestors continued to be increasingly privileged and recognized in popular cultural arts (Colín, 2014). The Mexican Ballet Folklórico emerged and became popular both nationally and internationally. However, many *danzantes* in Mexico began to criticize it as appropriative and exploitative of Indigenous communities, resulting in reinforced stereotypes and further marginalization of Mexico's Indigenous People. Whereas Mexican *danzantes* distanced themselves from Ballet Folklórico at that time, they also came under similar scrutiny for recreating and incorporating traditional *danzas* into their performances while simultaneously distancing from the Conchero Tradition. They distinguished themselves as performers of ancestral danza as lived experiences and identity reconnection rather than folklore. This transformation was fed by their desire to reinvigorate a pre-Cuauhtémoc identity—which led to the birth of the Mexicayotl Movement (Luna, 2012). Krystal (2007) describes this change: “What was now traditional was, at some point, innovation” (p. 79).

Mexicayotl, a Nahuatl (the language of the Nahuatl people) word meaning “the essence of that which is Mexica” (Colín, 2014, p. 17) was a movement among *danzantes* in Mexico that occurred in tandem with transnational, Indigenous movements among Chicanos in the United States. The Mexicayotl Movement was driven by decolonizing and political undercurrents, and influenced by two institutions: (a) the Movimiento Confederado Restaurador de la Cultura de

Anáhuac (MCRA), and (b) Zemanauak Tlamachtilyan (ZT). MCRA was founded by Rodolfo Nieva and his wife María del Carmen Nieva Izkalotl in the late 1950s, as an effort to reconnect individuals with their Indigenous histories as a tool of liberation and empowerment in the face of racism and economic oppression. ZT followed as a continuation in many ways of MCRA. It was founded by Ignacio Romerovargas Yturbide and Miguel Ángel Mendoza “Kuauhkoatl” along with a number of other activists, scholars, and artists in the late 1970s. ZT participated in a number of delegations to the United States and beyond to engage in intertribal ceremonial, educational, and political exchanges as well as protests (Colín, 2014).

The work of MCRA and the ZT helped set the stage for the reclamation of the Zocalo in Mexico City in the early 1980s. Danza had been forbidden there for centuries, but over 2,000 dancers arrived, led by women (many with infants) who were the first to directly confront riot police. Not expecting women and children to face them head on, police withheld fire, and the danzantes proceeded to dance and hold ceremony—they have not been prohibited from dancing at the Zocalo ever since. Danzantes within the Mexicayotl Movement continue to engage in solidarity with Indigenous Peoples across the Americas, such as through participation in and support of the Peace and Dignity Journeys that since 1992 have brought Indigenous People from North and South America together to commemorate the more than 500 years of Indigenous resistance since the invasion of European colonizers. From pre-Cuauhtémoc times, through the development of the Conchero Traditions and later the Mexicayotl Movement, Danza continues to evolve. Each group focuses to varying extents on political and spiritual issues, and each group is located within a matrix of spiritual practices, from strongly Catholic with fewer explicitly Indigenous elements such as traditionalist Concheros to strongly Mexica with no elements of Catholicism and with strong emphasis on pre-Cuauhtémoc practices, resulting in a wide variety

of diversity among Danza groups that combine a matrix of traditions with political and social movements that continues today (Colín, 2014). “Change is continuous, tradición [tradition] is not meant to be static” (Luna, 2013, p. 149).

Danza Mexica in the United States. The study of Danza Mexica is “both a product and catalyst of cultural/social transformation” (Luna, 2012, p. 143). Danza has become a transnational phenomenon, harkening back to evidence of significant archaeological exchanges of language, art, science, technology, and political economy among tribal nations all across the Americas, all the way from Chile to Alaska prior to European invasion and imposition of colonial borders. Though many danzantes were involved in Danza’s transnational movement to the United States, Capitán Andres Segura and Capitán Florencio Yescas are most commonly credited as leaders in initiating it. Both Segura and Yescas were professionally trained danzantes who were also involved in the tourist, film, and dance industries in the 1950s and 1960s. There is debate as to whether Segura came in the late ’60s or early ’70s, but many danza groups point back to his teachings as the root of their particular danza circle’s origins. Yescas taught Ballet Folklórico in the ’50s and ’60s in the United States, establishing a danza circle in San Diego in the ’70s and touring the Midwest and Southwest. Both Segura’s and Yescas’s work (among that of many others) is credited with the formulation of many danza circles in the United States—from states such as Texas, New Mexico, Colorado, and California, and even as far as New York, Florida, Iowa, Illinois, Minnesota, Idaho, Oregon, and Washington. Today, danza continues to migrate transnationally as multiple danza circles exchange knowledge and strengthen their solidarity across borders, just as their Indigenous ancestors did long ago (Colín, 2014; Dunbar-Ortiz, 2014).

As previously mentioned, the Chicano Movement for the civil rights of Mexican Americans in the United States coincided with the Mexicayotl Movement in Mexico. Prior to the widespread knowledge of Danza Mexica in the United States, many Chicanos/as partially met their needs for identity formation through the Mexican Ballet Folklorico (Luna, 2012). When Yescas, Segura, and other danzantes brought Danza Mexica to the United States, Chicanos/as were drawn to it and began forming danza circles all across the United States. Part of Chicano identity formation during this time was linked to the popularization of the concept of *Aztlan*, said to be the original homeland of the Aztecs in the Utah area of the Southwest of the United States (Colín, 2014; Dunbar-Ortiz, 2014). This concept originated from a Chicano youth conference in Denver, first stated in a document they published called *El Plan de Aztlan* in the late 1960s (El Plan de Aztlan, 1969; Ramirez, 2007). Arguing it as more than a geographical concept, Luna (2011) points out that *Aztlan* was a catalyst that inspired Chicanos/as to reconnect with their Indigenous identity through cultural and spiritual practices and political and social mobilization.

The Chicano Movement, however, has also been criticized for its historically romanticized, patriarchal, and essentialized notions of Indigeneity. Many early Chicano nationalists have been accused of marginalizing and omitting the presence of Indigenous tribes living in the Southwest, exemplified in *El Plan de Aztlan's* claim that Chicano inhabitants are the “civilizers” of the Southwestern United States (El Plan de Aztlan, 1969; Ramirez, 2007). N. Cruz (2019) argues that the Chicanx movement was a powerful catalyst in reconnecting Chicanx to their Indigeneity in resistance to previous erasure in the racialized caste system, yet at the same time it relied on *indigenismo* nationalism to construct a Mexica/Aztec and *mestizo* identity. Chicana feminist scholars such as Gloria Anzaldúa (2012) and Laura Elisa Pérez (1999)

challenged the romanticized, patriarchal, and essentialized notions of *Aztlan* and Indigeneity among Chicanos/as. Indigenous scholar Renya Ramirez (2007) also challenges Chicana feminists to take this decolonizing process further by deepening the discourse and documentation of Indigenous feminist history in order to strengthen Indigenous and Chicano relationships and solidarity in their fight for common rights (Ramirez, 2007).

At the time of this writing, there is in fact significant effort toward such decolonizing and deepening these discourses. At the National MEChA (Movimiento Estudiantil Chicanc de Aztlan) Conference held in Los Angeles in March 2019, student members and leaders of MEChA—a national social and political organization of Chicanc students—have announced their plan to permanently change the name of MEChA to be more inclusive of non-Chicanc (e.g. Black, Indigenous, non-Mexican, and lesbian, gay, bisexual, trans, queer, intersex, asexual, and all others not represented in the acronym LGBTQIA+) members as well as to recognize the consequences of a geographical application of the concept of *Aztlan*. A letter by written National MEChA cochairs announced the removal of the terms *Aztlan* and Chicanc from the name, with the replacement terms to be defined. *Aztlan* was voted to be removed in order to not only recognize its geographical consequences of erasing Indigenous Peoples of the U.S. Southwest (despite its previous philosophical utility as a mobilizing force), but also to better represent all of its membership whose ancestry is from other, non-Aztec Indigenous nations. Although there is contention by some alumni and members surrounding this name change, student leaders and members who support the name change argue that they do acknowledge the important contributions of past members and the movement as an important move toward recognition of their own racial identities today (MEChA’s National Board, 2019). As one member writes, “we are here at this moment of critical self-reflection because of the work of the past” (N. Cruz, 2019,

p. 5). However, MEChA's leadership argues that the name change better represents the current membership as well commits to anticolonial oppression and liberation for all members (MEChA's National Board, 2019).

Ultimately, although the use of an Aztec identity for all Chicax—whether Aztec descendants or not—was essentialist in nature, it was simultaneously a catalyst for developing a critical consciousness of colonization and of decolonization through reconnection with Indigenous ancestry (Luna, 2012). Mexica scholar and danzante Dr. Jennie Luna posits that danza has “provided a space where one can reconstruct the past in order to survive the present,” and is a “tool for decolonization, critical (re)thinking, and profound spiritual healing for the MeXicana/o community” (Luna, 2012, p. 153). She further adds that danza nurtures a “resistance toward assimilation and indoctrination” and serves as a “vital space for MeXicanas/os to feel acceptance and even encouragement and admiration for holding on to indigenous origins and belief systems” (Luna, 2012, p. 156). Looking toward the future, N. Cruz (2019) summarizes the MEChA name change as symbolic of an intergenerational, transformative effort toward decolonial healing, with all its complications, as an ongoing growth toward greater inclusion, solidarity, and liberation:

Our movement was born out of a response to wide-ranging oppression facing Chicax communities, from education discrimination to labor exploitation to police brutality. It united disparate barrios and pueblos under a banner of Chicanismo and shared ancestry and destiny. It put our parents and ourselves into positions of education where we gained access to histories, ideas, and resources that now allow us to do this self-reflection on who we are, what our movement seeks to build, and how we will respond to the problems of today with a constantly evolving recollection and understanding of the past. We invite you all, present, past, and future members of this movement, to continue with us on this journey that was begun long before we were born. We are in a time where many communities are being attacked (and have been for a very long time) but how we define ourselves and how we frame our struggle determines how we go about building a movement in response. Beyond just a potential change in name, this represents the continued evolution of the direction, strategy, and most fundamentally, the purpose of our movement itself. (N. Cruz, 2019, p. 5)

Conclusion

The sample of people within the UDMC in this dissertation study represents such diversity in its range of Indigenous nation affiliation, presence of *mestizo* and Indigenous-identified people, and its representation of diverse genders. Thus, within this sample is significant diversity of lived experiences. Whereas some participants were connected with their particular Indigenous group identity their entire lives, others reconnected to their ancestral roots later in life. All participants are in the ongoing process of strengthening their Indigenous roots and decolonizing the settler colonial *mestizaje* or *indigenismo* projects that seek to silence and separate all people of Indigenous lineage from who they are, whether in Mexico, in the United States, or both. They resist such class racialization, refusing to internalize colonialism and become among those “Latin Americans and Latinxs who use colonial logic [to] also deny their Indigenous backgrounds and ancestors, thus contributing to their own dehumanization” (Barillas Chon, 2018, p. 8). These participants use decolonizing narratives to critically deconstruct settler colonial narratives that use *indio/a* (Indian) as a racist slur mean to “shame the Indigenous out of us in order to separate us from our Indigenous roots, with the purpose of erasing us politically, culturally, and socially” (Barillas Chon, 2018, p. 8).

Simultaneously, queer and two-spirit people (including the three participants whose data was analyzed but not included in the final analysis) resist colonial heteropatriarchal attempts to decimate their existence, pointing to similar survivance stories to that of the *joyas* who were historically compelled to go underground with their identities and ceremonial roles in order to protect and preserve them for future generations (Miranda, 2010). Two-spirit Tongva/Ajachmen artist and tribal activist L. Frank Manriquez comments on the ways that two-spirit people engage in survivance despite the interruption in transmission of intergenerational knowledge of two-

spirit people resulting from colonial heteropatriarchal attacks: “Because our people are considered extinct, it’s hard to get information. So there’s really nobody you can go to except for your dreams, and your prayers, and your wishes, and your longings” (Manriquez, 2000, p. 41). The resilience of queer and two-spirit people is evident in their transformation of colonial trauma through reclamation of their rightful roles in Indigenous communities:

We are re-emerging as contemporary Two-Spirit people. This name, Two-Spirit, allows the reunion of spiritual and sexual roles into a whole and undivided gender role, a role still needed in human society. Claiming our roles as the caretakers of culture and spirituality . . . as well as our sexual selves . . . we focus our attentions on the nurturance of our communities. (Miranda, 2010, p. 275)

The Indigeneity of people who trace ancestry to Indigenous nations of Mexico is deeply nuanced, complex, and contested—far beyond the scope of this dissertation. This brief analysis cannot begin to do justice to this ongoing, important decolonial work. Yet, this dissertation provides a compelling glimpse of how a small but robust, diverse, and intersectional sample of people from the UDMC use narrative to decolonize approaches to their individual, communal, and societal health and well-being as Indigenous-identified people who practice danza as survivance and are part of a larger, diasporic expression of Indigenous identity.

CHAPTER 3: PLACE, CULTURE AND DANCE IN HEALTH RESEARCH LITERATURE REVIEW

For Indigenous and other marginalized communities, research is potentially “one of the dirtiest words in the Indigenous world’s vocabulary” (L. T. Smith, 1999). It has been used as a colonial tool with which to exploit marginalized communities through physical, social, cultural, spiritual, and environmental means. For example, at least one fourth of American Indian women of reproductive age were involuntarily sterilized by federally funded Indian Health Services providers in the 1970s (Lawrence, 2000). More recently, Arizona State University researchers violated informed consent, misusing DNA samples from the Havasupai tribe (Harmon, 2010). For Indigenous People, research has largely been used to collect and classify their own knowledge in order to disseminate it through the lens of the West to itself, then back to Native peoples in ways that minimize, marginalize, and erase their ways of knowing, being, and doing (L. T. Smith, 1999).

As an Indigenous researcher, I am both insider and outsider and am obliged to critically examine the impact and implications of the theoretical and methodological tools with which I approach my work. I stand on the shoulders of many Indigenous researchers who are deeply engaged in the decolonization of research and practice (J.-A. Archibald, 2008; Beltran et al., 2018; Evans-Campbell & Walters, 2006; L. T. Smith, 1999; Walters & Simoni, 2009; S. Wilson, 2008). Their work inspires the decolonizing approach of this dissertation. The purpose of this health-focused literature review is to examine the approaches researchers are taking to support culturally grounded health interventions within Indigenous communities.

Grounding health interventions in culture is one approach to foregrounding such important, community-based interventions. Cultural interventions originate from within specific, diverse cultures; are informed by cultural knowledge and practices; and are considered effective

by Indigenous groups who have practiced them prior to European colonization (Leske et al., 2016). A *cultural intervention* is defined as one that centers culture as the focal point of all aspects of the intervention and is guided by relevant Indigenous theory (G. V. Mohatt, Fok, Henry, & Allen, 2014). Cultural interventions can include activities that serve as “treatments,” such as “spirit, ceremonies, language, values and beliefs, stories and songs, land-based activities, food, relations, nature, and history, among others” (Fiedeldey-Van Dijk et al., 2017, p. 183). This literature review reveals broad diversity—not only the extent to which cultural practices inform the various aspects of research, but also the range of stages at which the development of cultural interventions currently exist. Aligned with an Indigenous research approach, this literature review provides a relational context that encompasses the dissertation findings—foregrounding the importance of this study in advancing the existing body of Indigenous cultural intervention literature (S. Wilson, 2008). The literature review also informs the dissertation’s innovative methodological approach to developing a general health model for the UDMC, based on participants’ narratives. The health model outlines how participants in the sample make danza a place for prevention and health promotion—further expanding the body of cultural intervention literature in an area for which little empirical work has been published.

This chapter will begin with an overview of the role of place and dance in Indigenous health interventions. The second section will provide a description of the methodology for conducting the narrative literature review. Last, I will present the discussion of the literature review findings on culturally grounded health interventions with explicit place/settings and dance components.

Background: Dance as a Settings-based Cultural Intervention

The epidemiological and social determinants literature presented in the Introduction chapter clearly demonstrate that a strong sense of identity and connectedness to others are common protective factors across American Indian/Alaska Native (AIAN), Latinx (including Mexican American), and Mexican migrant (including Indigenous) communities, all of which may be categorized as Mexican American Indian (MAI). Social identity is grounded within a sense of being connected with others, within community (Schultz, Cattaneo, et al., 2016). Community provides a protective space that can foster connectedness and identity development, through engaging in cultural practices such as song, dance, storytelling, learning, making art, and building relationships. In community, Native people connect with their own “personhood” as well as with the “communal soul” of their people through “relationship, responsibility, and participation” (Cajete, 1999, p. 86).

For many Indigenous people, place makes community (Larsen & Johnson, 2016; Ramirez, 2007) and is a “living presence in the context of its mythic and spiritual meaning” (Cajete, 2000, p. 182). A sense of community connected to place attachment involves feelings of belonging and emotional connections to a group on the basis of shared place history and common interests or priorities (Manzo & Perkins, 2006). Indigenous scholars commonly frame place relationship in terms of land (Tuck & McKenzie, 2015). Land or natural environment is an “essential link between traditional cultural practices, social connectedness, identity, and health” (Schure et al., 2013, p. 115). The natural environment—including land, water, skies, animals and plants—are considered spiritual relatives (N. V Mohatt, Fok, Burket, Henry, & Allen, 2011). This intimate relationship with land as place is described “as integral to one’s sense of being which is also central to both individual and collective spiritual health and wellness,” whereas

“loss of place (i.e., displacement) is akin to loss of spirit or identity” (Walters et al., 2011, p. 173). Indigenous definitions of place merge personal identity and place as one, as Indigenous cosmologies interweave place with spirituality, self, community, and identity—caring for place is caring for oneself (Kemp, 2010; Salmon, 2000; K. Wilson, 2003).

Several studies demonstrate the intimate Indigenous relationships between place and health. One study named disconnection from land and culture as part of historically traumatic events, such as through the intergenerational legacy of boarding schools as structural drivers increasing risk for HIV among First Nations youth (Lys et al., 2016). Another systematic review found that cultural and land-based activities were also deemed important to mental health. For Circumpolar North Indigenous youth, hunting and spending time out on the land cultivated self-confidence, self-reliance, mindfulness, and awareness of the consequences of actions, as well as sense of purpose. This study emphasized the importance of healthy relationships with others, cultural engagement, and fostering culturally specific relationships with the land (Petrasek MacDonald, Ford, Cunsolo Willox, & Ross, 2013). Overall, the impacts of environmental change (including disruption with place relationships) on marginalized Indigenous communities increases vulnerability to poor health and mental health outcomes, especially for rural populations (Kemp & Palinkas, 2015; Tobias & Richmond, 2014).

In spite of the multiple assaults on Indigenous relationships to place through colonial violence (e.g., removals such as the Trail of Tears; displacement due to violence or political and economic oppression in Mexico), Indigenous resilience persists through maintaining cultural and spiritual practices (Alfred & Corntassel, 2005; Anderson, 2000) as well as through organized resistance movements (LaDuke, 1999; Tetreault, 2015). Whereas many such cultural and social movements continue to be based within rural Indigenous communities tied to particular

geographical locations (e.g., reservations in the United States; Indigenous communities in Mexico), migration across colonial borders (i.e., Mexico to the United States; from reservation to urban areas) is increasingly common, with 78% of AIAN alone or in combination living outside of what is defined as AIAN areas (i.e., reservations) in the United States (U.S. Census Bureau, 2012), and approximately one third of Indigenous People living in urban areas of Mexico (Del Popolo, Oyarce, Ribotta, & Rodriguez, 2007). In spite of settler colonial attempts at Indigenous displacement and erasure, these urban areas always were and will continue to be inhabited by Indigenous People. Whether Indigenous People live in their ancestors' original territories in urban cities now largely settled by non-Indigenous People (e.g., American cities), or whether they have migrated from rural U.S. reservations or across the U.S.-Mexico border to settle in such urban U.S. cities, they create and re-create community where culture may grow, evolve, and thrive wherever they go (Ramirez, 2007). Deepening our understanding of place as a dynamic, multilevel, relational, and socially constructed site of power can help us achieve an understanding of the role of place in human well-being (Kemp, 2010).

Many Indigenous Peoples of Mexico (IPM) are migrants or descend from migrants who settled in urban spaces, where resistance movements may include using art as a tool with which to address public health and other issues crucial to community development through a process known as “creative placemaking” (Schupbach, 2016, p. 1). Indigenous place-making is a way in which humans construct place-worlds, by remembering what happened there, and then going “beyond them to create possibilities of a new and original sort, thus producing a fresh and expanded picture of how things might have been” (Basso, 1996, p. 5). Building place-worlds through place-making is thus an act in which “multiple pasts co-mingle and compete for resonance toward multiple futures” (Tuck & McKenzie, 2015, p. 133). Indigenous community

centers are often hubs for multiple, diverse Indigenous nations. For some, pan-tribal or general Indigenous identity becomes practical, compatible, and often a connecting factor to tribally specific identities, given the number of people with mixed-race and mixed tribal affiliations within urban Indigenous populations. Such places help establish “culturally rooted resilience” for people of all ages, because these gathering places are often the only center where they can meet other AIAN and engage in learning and sharing of cultural practices in urban spaces (R. A. Brown, Dickerson, & D’Amico, 2016).

Indigenous relationship to place may also be expressed through dance (Basso, 1996). Dance is one way that First Nations and AIAN people may perpetuate their Indigenous identities in urban spaces by place-making, for example, through organizing and participating in pow-wows. For members of the urban Danza Mexica Community (UDMC), participation in danza circles can be a way of cultural place-making to maintain connections to Indigenous identity and facilitate spaces for physical and emotional well-being (Colín, 2014). Indeed, such culturally based forms of dance are beneficial to both physical and mental health for many Indigenous and other populations (e.g., L. Archibald & Dewar, 2010; Deer Skye, Christensen, & England, 1989; Guerin, Guerin, Tedmanson, & Clark, 2011; MacDonald, Kreutz, & Mitchell, 2012; Maskarinec et al., 2015; Schweigman et al., 2011). Research on dance therapy across non-culturally specific dance forms (e.g. ballroom dancing) and other forms of movement (e.g. tai chi) demonstrates positive impacts on overall health, well-being and social support (Belardinelli, Lacalaprice, Ventrella, Volpe, & Faccenda, 2008; Maskarinec et al., 2015; Yeh et al., 2004). By integrating aspects of mind, body and spirit, cultural dances may also increase the likelihood of intervention acceptability, with increases, in turn, in motivation and adherence (Maskarinec et al., 2015). For UDMC, furthermore, danza may serve as a means by which to re-create the connection to

original tribal homelands, as a representation of Indigenous identity (Luna, 2011; Ramirez, 2007).

Given the unique and interdependent relationships between Indigenous People, cultural dance, and place, and the emerging evidence that the most effective and community accepted interventions for AIAN communities are grounded in culture (Fiedeldey-Van Dijk et al., 2017; King, 2011; Rowan et al., 2014), cultural interventions are of utmost importance for addressing health disparities among Indigenous populations. Many non-culturally based health interventions used with Indigenous communities have largely ignored or not taken into account the importance of connectedness as a protective factor from trauma in Indigenous health. In response, both Indigenous and Latino communities have used culturally specific interventions to facilitate social identity and connectedness (Schultz, Cattaneo, et al., 2016). The next section describes the methodological approach I took to identify and review the extant literature surrounding cultural intervention studies centered on place and dance.

Methodology: Indigenized Narrative Literature Review: Place & Dance in Health Research

Background. The narrative style of literature review, or narrative review, is a useful method for reviewing the current literature on the role of cultural dance—a potential settings-based health intervention—as a potential protective factor from overall health risks including AOD and HIV among UDMC. Narratively reviewing the literature helps situate my analysis in relationship to the body of work upon which it stands, as a review rather than a critique, because it can “form the context for relational accountability in working from an Indigenous paradigm” (S. Wilson, 2008, p. 44). Its purpose is also to illuminate any areas where further research could be useful (Green, Johnson, & Adams, 2001). In contrast to a systematic review, which is more commonly used to assess and critique biomedical, quantitative research, a narrative review is

useful in areas where there is a gap in the academic literature and can lay the groundwork for new types of interventions (Ferrari, 2015). However, there are currently no standardized published guidelines for this type of literature review (Green et al., 2001).

In this dissertation, I used a multimethod approach to organize and conduct the literature search process, as well as to examine and synthesize the selected studies. Indigenous qualitative researchers act as Indigenous bricoleurs, “whose task is to weave together sets of practices as possible solutions to a specific problem” (Lee, 2009, p. 7) with knowledge of a range of methods that can evolve during the process of seeking the most useful and beneficial tools. This can involve using both Indigenous and non-Indigenous methodological tools through adaptation or developing new approaches—the priority is how they will best serve the needs of the community, or in this case, best respond to the research question that seeks to serve the UDMC community (Lee, 2009). As an Indigenous bricoleur, I constructed a flow chart of the literature selection process (Figure 3.1—a detailed description can be found in the Literature Search Strategy section) as an initial tool with which to identify and select the relevant articles (Ferrari, 2015).

Although narrative review methods continue to evolve toward more interpretive directions, much of it still remains rooted in positivistic notions of objectivity (Green et al., 2001), most often used with biomedical literature (Green et al., 2001; Jones, 2004). Thus, I also used an Indigenous, narrative, and relational approach that seeks to build on existing literature to “form the context for relational accountability” (S. Wilson, 2008, p. 44), rather than providing a critique, which “would imply that I know more about someone else’s work and the relationships that went into it than they do themselves,” thereby taking the articles out of the context in which they were written (S. Wilson, 2008, p. 43). On the basis of S. Wilson’s (2008) constructive

approach, I thus interpreted the findings using a narrative approach as a “culturally relevant way to communicate with the dominant system of academics” (S. Wilson, 2008, p. 44). Using this approach also grounds my work and further builds upon a narrative tapestry of previous literature that supports Indigenous relational worldviews and aligns with my qualitative, multimethod approach (see Methods chapter) used to analyze the data.

Literature search strategy. This Indigenized narrative review began with an extensive literature selection process, in which I searched cultural intervention literature across three themes, relevant to the population and phenomena studied: (a) health (including AOD and HIV), (b) place (settings-based interventions), and (c) dance (including related arts-based interventions) among AIAN, Latinx (including Mexican Americans), and Mexican-born migrant populations—as groups to which UDMC may belong and within which they may have been or continue to be categorized. While my research question is focused on health interventions that utilize cultural dance as a potential place/settings-based health intervention, I cast a broader net across the three themes to ensure that my search was as extensive as possible in order to capture any existing literature—given the dearth of literature on both the topic areas of place and dance, and on MAI as a new census category.

I first explored two major databases: PubMed and Ebscohost (with the following databases simultaneously searched within both major databases: Academic Search Complete, Bibliography of Native North Americans, CINAHL Complete, Education Source, ERIC, Health Source: Nursing/Academic Edition, MEDLINE, PsycARTICLES, PsychINFO, Social Work Abstracts). I used 66 combinations of the following key words (which varied slightly by database) relevant to the literature on health, place, and dance-related interventions: *health, alcohol, drug, HIV, sexual health, intervention, culture, dance, danza, land, place, environment,*

Mexico, Mexican American Indian, Mexican, Mexican migrants, migrant, transnational, Aztec, Mexica, Indigenous, American Indian/Alaska Native, Latino/a/Hispanic, and Latinx. I found 3,659 (PubMed) and 2,611 (Ebscohost) articles, presented as the top row in the flow chart of the literature selection process (Figure 3.1; Ferrari, 2015).

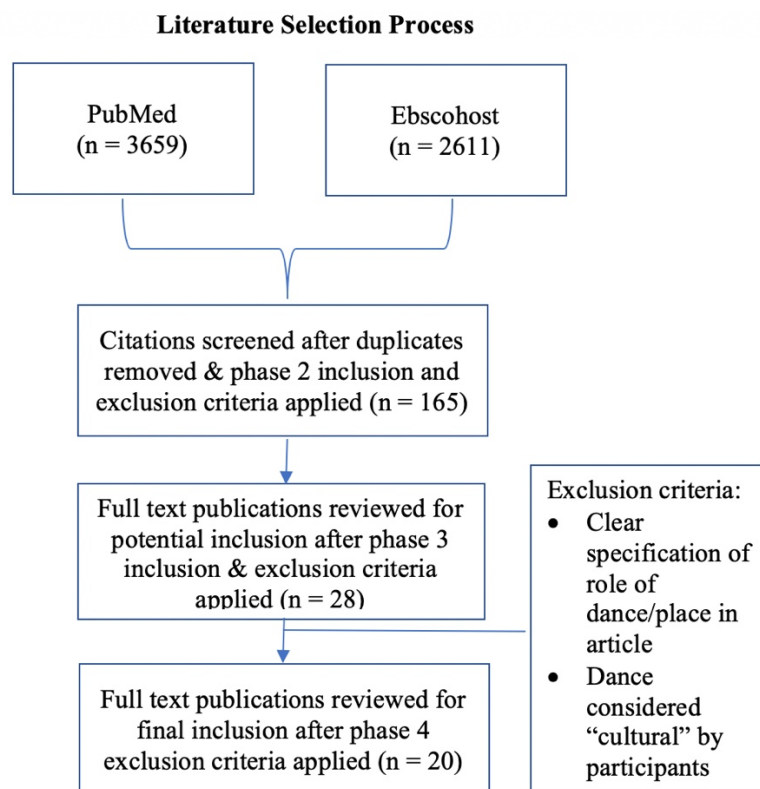


Figure 3.1: Flow chart of literature selection process for dissertation study.

In the second phase of the literature selection process, I removed duplicates and used inclusion and exclusion criteria to further refine the selection of relevant articles on the basis of an abstract review. Inclusion criteria included health intervention studies that were conducted by and/or with Indigenous populations within the United States, Canada, or Mexico, articles written in English, articles published from 2000 and 2018, peer-reviewed articles, and articles that are relevant to the research question of this dissertation. Exclusion criteria included articles for which I could not access full text, articles in a language other than English, non-peer-reviewed

articles, those that did not include an Indigenous sample, articles that did not study humans, those that did not include a culturally based intervention, and articles that were solely tobacco focused and did not also include alcohol or any other forms of drugs. I retained a total of 165 articles. I designed a literature search tracking sheet to document each of these searches (Green et al., 2001) displayed in one large table, organizing selected articles in each search by three columns according to the general focus of the abstracts: (a) interventions, (b) risk/protective factors, and (c) epidemiology. I also color coded articles relevant to health (no highlighting), place (green highlighting), and dance (blue highlighting).

The third phase of the literature selection process started with organizing the larger literature tracking sheet into individual themed tables, by health, place, and dance. Each themed table had a row for each article, an expanded version of a narrative literature review checklist (Academy of Nutrition and Dietetics, n.d.). The source (citation) was in the first column, and additional information for each source in the remaining five columns: (a) category (brief description of study), (b) fundamental/key findings, (c) health, place, dance intersections (cultural context), (d) quality/limitations, and (e) future research/implications. I abstracted information from reviewing the full-text articles to fill in the tables from each of the 165 articles across the five columns and sectioned off according to the three article types. Inclusion criteria at Phase 3 included studies in the three themed tables that explicitly named dance or place/settings as part of a cultural intervention impacting HIV, AOD, and other health outcomes as well as studies drawn from AIAN, First Nations/Aboriginal People (Canada), Latinx, and Mexican samples from within the United States, Mexico, or Canada. Exclusion criteria at Phase 3 included studies that did not name dance or place/settings as part of a cultural intervention and sample populations outside of the United States, Mexico, or Canada. At this phase, the sample

number of studies was narrowed to 28, with place- and settings-based articles numbering 13, and dance and other arts-based articles numbering 15. At the fourth and final phase, exclusion criteria were that the place or dance was named but there was no further specification of its particular role in the study or whether it was considered “cultural” dance. The number of studies in the sample was finalized at 20, with place- and settings-based articles numbering 8, and dance-related articles numbering 12. The findings are organized by types of cultural health interventions reviewed: those that include elements of place/settings, as well as those that include elements of dance. Limitations of the literature reviewed and the larger body of cultural intervention literature will be discussed, and the chapter will close with a section on implications for future work.

Findings

Cultural practices are being increasingly integrated into behavioral interventions targeting Indigenous People (Kulis, Ayers, & Harthun, 2017). Many studies combine Western and Indigenous theories and practices to develop community-based intervention tools aimed at prevention and health promotion (Rasmus, Charles, & Mohatt, 2014). The cultural health intervention literature reviewed for this dissertation focuses on a range of health issues (including AOD and HIV) with a specific focus on the role of place and dance. The function and nature of place and dance within these studies vary, as do the phases of intervention development they represent. Some of the articles in this section centered place or dance as the main intervention activity, whereas others recognized them as one intervention element—with varying roles in the overall intervention. The extant literature also represented a range of studies in different phases, many of which were initial qualitative exploratory research, in addition to theory and measurement development and testing, study design, adaptation and protocol, pilot

studies, and evaluation of interventions. Levels of cultural integration also vary, from dance or place comprising an element of intervention practices, questionnaires, or measures, to culturally adapted versions of preexisting evidence-based interventions, to interventions for which they provide the intervention context (e.g., outdoor, experiential) or focal point (e.g., Native Hawaiian hula as the intervention). Indigenous sample communities throughout Mexico, the United States, and Canada were targeted. Common to many of these studies is the community-based approach that honors Indigenous elders', leaders', and community members' knowledge, recognizing them as experts and co-collaborators in developing innovative interventions that recognize the role of place and dance in health.

Place/settings in cultural health interventions. Some studies used qualitative interview data to gather Indigenous definitions of the role of place in Indigenous health, demonstrating the crucial role that place plays in developing culturally grounded health interventions. One case study (n = 31) qualitatively explored the relationship between sea ice use and aspects of health for the Inuit Indigenous community in northern Canada (Durkalec, Furgal, Skinner, & Sheldon, 2015). Understanding the role of place through community perspectives on sea ice use is crucial to understanding its significance to their health. Participants reported more positive health impacts of their relationship with sea ice use (e.g., for travel, hunting, gathering)—including mental, emotional, spiritual, social, and cultural health factors—than negative physical health impacts. Such negative physical health impacts were related to climate change–related variation in weather, causing unpredictability in sea ice, leading to unintentional injury and stress. Authors suggest that interruptions to place meanings and attachments resulting in loss of positive health benefits may be more significant in participant health than the aforementioned negative physical health. Another study (n = 46) examined how First Nations elders viewed the impacts

of environmental dispossession (e.g., mining, hydroelectric development, steel mills) on their health and well-being (Richmond & Ross, 2009). Environmental dispossession is described as “the processes through which Aboriginal people’s access to the resources of their traditional environments is reduced” (Richmond & Ross, 2009, p. 403). Elders talked about decreased access to traditional food and decreased opportunity to engage in and share knowledge of land-based practices as negative impacts, yet they also discussed how they maintain resilience in spite of these negative impacts (Tobias & Richmond, 2014).

Other studies contribute theoretical frameworks that can help guide intervention development. One study (n = 9) describes intervention development as a process of theory translated to practice through culturally informed community-based participatory research (CBPR; Rasmus et al., 2014). It serves as an example of combining Western and Indigenous theories and practices with implications for cultural forms of treatment and prevention. The study aimed to develop community-based intervention tools targeting suicide and alcohol-use prevention among Alaska Native youth using a combination of Western and Indigenous theories and practices. Elder participants recalled the use of purification rituals (i.e., burning the leaves of a sacred plant to generate mindfulness) to create a “sacred space” in secular spaces now used by Yup’ik people to replicate the *qasgiq* (sacred house or gathering place of learning). They create “Native Hubs” through spiritual rituals in new, secular places that are now used by contemporary tribal peoples. Another study (n = 19) examined Anishinabe youth perspectives on health, social relationships, and current ways of life in their community, within an environmental dispossession theoretical framework (Big-Canoe & Richmond, 2014). Youth expressed concern that declining access to traditional lands are key to decreased health at the community level. The youth also posited that developing initiatives for reconnection (or

repossession) to land and Indigenous knowledge through social relationships is key to addressing community health issues.

Developing and testing measures is another important pathway through which to build the body of cultural intervention literature through quantification of specific risk or protective factors in the form of place/settings-based practices. One study, aimed at substance abuse and suicide prevention, developed a scale called “awareness of connectedness” as a potential culturally based protective factor for Alaska Native youth (N. V Mohatt et al., 2011).

Connectedness was conceptualized as well-being resulting from an interconnected notion of an individual, their family, their community, and the natural environment—each of which are one of four subscale items of the measure. Specific items on the natural environment subscale included: feel connected to nature, respect nature like family, mistreating nature, and come from and return to land. The measure overall was found to show good convergent and discriminant validity and has promise as an outcomes measure for behavioral health prevention with Native American youth. Another study (n = 636) evaluated the Historical Loss Scale, which measures how often North American Indigenous youth think about historical loss (i.e., loss of culture, land, and people; Armenta, Whitbeck, & Habecker, 2016). Results indicate that the measures were validated and that frequent thoughts of historical loss were associated with increased anxiety. Such studies reveal the importance of including relationship with place as an important factor in measuring risk and protective factors among Indigenous People.

Based on Indigenous ways of knowing and healing, one study (n = 6) gathered pilot data as the foundation for a larger, mixed-methods, longitudinal study (Schultz, Walters, et al., 2016). This AOD and obesity prevention and health leadership intervention targeted Choctaw women through using EBPs such as motivational interviewing in combination with a culturally infused

(e.g., language and cultural teachings and practices) curriculum as part of an outdoor, experiential, partially settings-based intervention. This community-based participatory research study used the curriculum with participants across a combination of meetings, walking, and camping along the Choctaw Trail of Tears. For participants, engagement with place and experiential learning through enduring emotional and physical challenges inspired changes in health beliefs, attitudes, and behaviors. The authors concluded that experiential, outdoor settings should be considered effective health interventions that promote positive health behaviors in Indigenous communities.

Whereas the cultural health intervention literature reviewed thus far almost entirely conceptualizes place as related to land and the outdoor environment, one case study (n = 17) examines American Indian perceptions of urban Indian health organizations (UIHO) as “therapeutic landscapes” (Wendt & Gone, 2012). Participants identified several themes, viewing their UIHOs as a place that gave them a sense of home, where they felt connected to others in their community and their culture, and where they could find accessible health services delivered in a culturally appropriate way. The findings in the literature review on place/settings in cultural health interventions, overall, reveal the importance of not only recognizing its important role in Indigenous health, but also how this relationship may help shape cultural health interventions in urban spaces, given increasing Indigenous migration to such population centers.

Dance in cultural health interventions. The literature on the role of dance in cultural health interventions provides important insights into how cultural dance can provide one pathway for Indigenous place-making, providing a sense of connection to Indigenous community and identity in urban spaces. A growing body of literature examines the role of cultural dance in Indigenous health, laying an important foundation on which to build. Both qualitative and

quantitative data show the potentially protective role of dance for Indigenous health. One qualitative, exploratory study (n = 14) examines AI youth females' perceptions of health and the body through an Indigenous cultural lens (Jette & Roberts, 2016). For these participants, traditional Indigenous dance participation was perceived as health promoting, giving a sense of pride in identity and social connection.

Some quantitative studies include cultural dance as one of several cultural practices contained within a particular measure for which an association is being tested. Using the Multigroup Ethnic Identity Measure, one study (n = 945) examined whether Native American youth ethnic identity was associated with involvement in cultural practices, including cultural dance (Schweigman et al., 2011). Results showed a strong association between the youth's Indigenous enculturation and their engagement with cultural activities, including pow-wows and roundhouse dance. These results support the potential for integrating cultural activities and particularly dance into interventions that improve mental and behavioral health among participants. Another study (n = 123) analyzed the association between spiritual and religious participation and substance use among AI youth as a potentially protective relationship (Kulis, Hodge, Ayers, Brown, & Marsiglia, 2012). Pow-wows/dances were included as part of a measure called "involvement in spiritual practices." Findings indicated that participating in spiritual and religious beliefs was associated with decreased substance use.

A third study (n = 191) also tested the association between a variable that included cultural dance with prevention-related outcomes, with an important result that illuminates the unique challenges for urban Indigenous populations (Pearce et al., 2015). This study, known as the Cedar Project, examined the risk and protective factors associated with resilience in prevention of HIV among First Nations youth who use illicit drugs in three Canadian cities. One

of the variables—participation in traditional ceremonies in the past 6 months—included dance as one of several ceremonial practices. Although this association was not found to be statistically significant, the mean resilience scores for those who had participated in traditional ceremonies were higher than for those who had not—consistent with other literature that found such ceremonial participation to be a protective factor. Authors also note that urban Indigenous youth may have less consistent access to ceremonial practices and that many such practices require abstinence from substances, which are important contextual features that may have affected outcome for this variable given the sample. Overall, this study found participants had higher resilience scores when personally connected to culture and that resilience was also strongly predicted through personal, familial, and cultural engagement (i.e., speaking the language, following cultural traditions). These intergenerational cultural connections provide ongoing protective factors despite childhood trauma history and demonstrate the importance of supporting the development of cultural interventions in urban settings.

A couple of the studies in the literature review emphasize using evidence from both Western and Indigenous knowledge to build effective interventions. One study nested within the aforementioned Cedar Project incorporates the use of a mobile health model in developing a protocol for a randomized control trial using text messages to prevent HIV among young Indigenous illicit drug users (Jongbloed et al., 2016). Connection to culture was one of the key protective factors, represented by two dichotomous variables, one of which includes cultural dances (i.e., participation in traditional ceremonies). The study objective for the secondary outcomes is to test the ways that the intervention might reduce HIV risk. This project, governed by an independent group of Indigenous leaders, elders, and health and social service officials, provides a blueprint for further testing for HIV prevention within this population. Another study

(n = 31) used CBPR methods to culturally adapt the Diabetes Prevention Program to be used with American Indian youth (B. D. Brown et al., 2010). Participants identified dance, particularly cultural “round dances,” as one of the preferred activities they felt would provide both exercise and social connections through the dance itself and the communal activities within which it is practiced. This study highlights the importance of using CBPR to effectively translate the Diabetes Prevention Program intervention to the sample population.

Whereas the majority of the extant literature incorporates different levels of dance at various phases of intervention development, one research group conducted a series of research studies in which participation in hula, a Native Hawaiian dance, was the principal intervention activity to be evaluated for its impacts on cardiovascular disease (CVD) prevention. Hula participation provides a space for holistically addressing health issues in a culturally appropriate manner. Every hula dance tells the story of specific places in Hawaii and their historical and cultural meanings, teaching traditional values of land stewardship, harmonious living, appropriate social behaviors, and compassion (Kaholokula, Look, Wills, et al., 2017). In fact, such knowledge is transmitted through stories that name music and dance as one way Native Hawaiian families help keep their culture alive (Johnson & Beamer, 2013). On the basis of knowledge of the significant role hula plays in transmitting Indigenous knowledge and culture for Native Hawaiian people, this group of researchers initiated the following series of studies to examine its role in CVD health.

The research group first launched this series by using a CBPR approach to gather data from patients as well as cultural, clinical, and research experts (n = 23) to help conceptualize the research framework and methodology, laying the foundation for the subsequent phases of intervention development and testing (Look, Kaholokula, Carvalho, Seto, & de Silva, 2012).

The research team then examined hula experts' (n = 6) perspectives on hula's connection to health, its appropriateness for CVD interventions, and how to maintain its integrity during the intervention. Results indicated that all hula educators and experts approved of hula for the intervention program, positing it was strongly connected to health and well-being, which was defined as a complete interconnection between physical, mental, emotional, and spiritual wellness (Look et al., 2014). A subsequent study (n = 20) examined the physical, mental, social, and spiritual impacts of the hula intervention on participants who were in cardiac rehabilitation (Maskarinec et al., 2015a). Themes identified by all participants included the benefits of hula to strengthen their connection to their culture through its mind/body/spirit integration in group settings. Researchers claimed that hula is a culturally grounded intervention that may have a more powerful impact than typical cardiovascular rehabilitation treatments.

On the basis of qualitative evidence supporting the positive impact of hula on cardiovascular health in the Maskarinec et al. (2015a) study, researchers designed a randomized control trial study (n = 250) to test the effectiveness of using participation in hula to reduce CVD risk and increase physical activity among Native Hawaiians (Kaholokula, Look, Wills, et al., 2017). This study was piloted on a 12-week hula-based intervention (n = 55) that included self-care education and blood pressure management among Native Hawaiian and Pacific Islanders. Findings indicated that participants experienced decreased blood pressure, which was also found to be associated with improved social functioning and measures of body pain (Kaholokula, Look, Mabellos, et al., 2017). Overall, this larger project demonstrates the powerful role cultural dance can play in improving health outcomes among an Indigenous population.

The last study reviewed (n = 83) was the only study that focused on a Mexican American population, as well as being the only evaluation study (Azevedo et al., 2013). It qualitatively

analyzed both facilitators and challenges for Mexican American teen girls' participation in a diabetes and obesity prevention intervention involving participation in Mexican folkloric dances. Parents and girls were interviewed 6 months after their participation in the intervention trial. Though little description was given about the nature of the Mexican folkloric dance, Aztec/Indigenous dance was recommended by one participant as appropriate for specific religious holidays. Findings reveal that participation is facilitated through family cohesiveness, perceived gains, and a culturally relevant program structure, whereas barriers lie in program requirements and perceived discomforts. Overall, these studies demonstrate that in spite of the dearth of interventions including place/settings and cultural dance, the existing literature provides important evidence across all phases of intervention development and execution and points to multiple opportunities for building upon this body of research.

Discussion

The literature on place/settings and dance as elements or focal points of cultural interventions within the United States, Canada, and Mexico covers a broad range of health outcomes. The majority of place literature ($n = 8$) focuses on mental health outcomes ($n = 6$), including stress, resilience, and suicide. Three articles look at substance abuse outcomes, and all three examine substance abuse concurrently with suicide or obesity prevention. A quarter of the studies include social connections and well-being as their concurrent outcomes (along with mental health and overall well-being). In terms of dance literature ($n = 12$), nearly half ($n = 5$) of the articles focus on CVD prevention (two concurrently examine overall health and well-being), whereas one quarter of the articles look at mental well-being via cultural pride and identity, social connections, and spirituality. Two of the articles focus on both illicit drug and HIV prevention, whereas the last two are diabetes-focused (one is aimed at concurrent obesity

outcomes). Although this body of literature provides evidence of a variety of potential physical and mental health benefits of using cultural dance as a place/settings-based intervention, the scarcity of such literature also reveals the need for more work in this area.

There are several limitations within this specific literature review that help identify areas for further research. First of all, the literature on the role of place and dance in Indigenous health within the United States, Canada, and Mexico is heavily weighted toward Indigenous populations from the United States and Canada. Only one study (Azevedo et al., 2013) used folkloric dance (and mentioned use of Mexica/Aztec dance) among Mexican American girls, but all other studies were with U.S. and Canadian Indigenous samples. A review of the larger body of the literature on Indigenous healing practices in AOD treatment programs reveals that such empirical studies among Latinos and Mexican Americans are extremely limited (Carvajal & Young, 2009). Furthermore, mention of Indigenous-identifying peoples within existing Hispanic or Latinx samples is rare (Padilla, Gomez, Biggerstaff, & Mehler, 2001), making it difficult to specify the extent to which the findings in these studies apply to UDMC. In addition, the inclusion of undocumented people in research studies may be limited due to these individuals' lack of safety in the United States (Zúñiga et al., 2014).

For cultural intervention studies as a whole, findings are not always consistent for the effectiveness of cultural interventions (e.g., Kulis et al., 2017). Using quantitative criteria to measure rigor, many samples are small and not generalizable (e.g., Fiedeldey-Van Dijk et al., 2017; Kulis et al., 2017; Zúñiga et al., 2014). There may also be risk of selection bias with self-reported data (e.g., Schweigman et al., 2011); samples represent regional tribal characteristics and are not specific to other Indigenous-identified communities such as the UDMC (e.g., Kulis et al., 2017). Even for studies with an randomized control trial design, limitations can include

consistency in delivery (different sites), self-report, and imbalanced gender participation (e.g., Kaholokula, Look, Wills, et al., 2017). A number of qualitative health intervention studies also tend to use quantitative measures as measures of their study rigor rather than qualitative measures (e.g., small, nonrandom sample; R. A. Brown et al., 2016; Dickerson et al., 2016), which can limit an accurate depiction of the true strengths and weaknesses of a study.

Implications for Future Work

The body of literature reviewed is small, but it provides an important evidence base on which to continue to build and illuminates several implications for future work. These include practice, policy, theoretical, and measurement development, as well as intervention development and testing. Health care systems and practitioners should better understand cultural health beliefs and practices in order to decrease determinants in health care inequities (Buchwald, Beals, & Manson, 2000; Padilla et al., 2001). For example, *curanderismo* is a form of Indigenous healing with roots in Mexico, based on beliefs surrounding unity among the self, the spiritual world, and the natural world. It is one example of a specific approach that nearly one third of Hispanics seek beyond Western health care services, according to one study within an urban public health care system. Given the rapid growth in the Hispanic population and the significant proportion of this population that seeks curandero services, strengthening alliances between traditional Western health care providers and Indigenous health care practitioners or practices can potentially help strengthen culturally sensitive health care approaches to prevention and disease management in order to improve health care outcomes (Padilla et al., 2001).

With a scope beyond that of traditional Western health care systems, urban Indigenous places and spaces are often centers for prevention through cultural activities, fostering a sense of connectedness and identity for those who gather in such sites. The United Nations Permanent

Forum on Indigenous Issues (2008) recommends that governments support their Indigenous populations by developing centers for legal, medical, and other needs as well as centers for cultural identity in urban spaces, due to the challenges to accessing resources and a sense of connection to community in these places. More researchers should examine how the urban American Indian center can function in shaping health (Jette & Roberts, 2016).

Such urban Indigenous centers are often hubs for cultural practices, many of which are arts based, including dance. Arts-based methodologies are rooted in social justice and control over the production and dissemination of knowledge and have been associated with increases in feeling empowered, especially around sexual health decision-making (Lys et al., 2016). Arts and media work are areas of interest for many Indigenous youth and should be considered for integration into community health initiatives (Fanian, Young, Mantla, Daniels, & Chatwood, 2015). Dance, specifically, is identified as one of the AIAN cultural activities in which participation is most likely to increase AIAN cultural identity (Dickerson et al., 2014). Developing measures to effectively assess the health impacts of such cultural practices as interventions is crucial to demonstrating the potential role they play as protective factors in prevention. Culturally based measures that are valid and reliable are needed to measure the impact of cultural activities on Indigenous health (Rowan et al., 2014). Such measures can be used in the development of Indigenous health and community-based programs and policy (Fiedeldey-Van Dijk et al., 2017).

Culturally based practices should be further investigated for their mental and behavioral health impacts (Schweigman et al., 2011) and should be used to address a variety of health issues, such as physical activity, stress management, social support, and HIV prevention (Kaufman et al., 2014; Look et al., 2014). Future research should also examine whether cultural

forms of physical activity can encourage greater culturally meaningful physical activity and also help motivate engagement in health-promoting interventions; for example, investigating the use of cultural dance such as hula, a mind-body physical activity, to prevent not only physical health conditions such as CVD but also mental and behavioral health (Kaholokula, Look, Mabellos, et al., 2017). More studies from urban Indigenous People of multiple regions could help verify the results of empirical, culturally adapted evidence-based prevention programs (Kulis et al., 2017). Such studies can offer potentially transferrable implications for Indigenous populations globally as a culturally grounded means by which to prevent a range of health issues (Kaholokula, Look, Wills, et al., 2017). The findings of this literature review point to the need for a general health model from which to conceptualize UDMC risk and protective factors for a broad range of health issues, including AOD and HIV.

The literature review attempted to address a major gap in the literature through using an Indigenized narrative literature review to examine the place and cultural dance health intervention literature. There were no extant research studies that specifically looked at dance and place/place-making in tandem, so this study addresses an important gap that sets the stage for future work in this area. In the next chapter, the theoretical foundation of the dissertation analysis will be guided by the research question to explore potential pathways through which danza participation makes place and (re)creates a space for health. Ultimately, this literature review reinforces “what many Indigenous scholars and Elders have known for generations: that cultural teachings, values, and languages are the foundations of resilience among Indigenous Peoples” (Pearce et al., 2015, p. 10).

CHAPTER 4: THEORY

The purpose of this chapter is to illuminate and develop theoretical pathways that demonstrate how this dissertation is part of a larger decolonizing approach to research and health interventions. Understanding the concepts that link participation in Danza Mexica as a form of place-making and its role in the health and well-being of members of the Urban Danza Mexica Community (UDMC) requires a theoretical exploration of (a) context: the circumstances and surroundings in which health and well-being are determined, (b) transmission: how the effects of traumatic contextual events (i.e., historical and contemporary) as well as resilience may be embodied, leading to contemporary health outcomes, (c) narrative: how recounting the impacts of historical trauma events can help identify survival strategies, and (d) cultural protective factors: the role of place/settings-based, cultural protective factors (such as dance) as spaces for mitigating the impact of stress on health outcomes. Each of these four areas of the theoretical foundation is accompanied by corresponding theoretical models that visualize the contexts and pathways through which health and illness may exist, be passed down, and be understood and treated, moving from a larger macro-level framework to a smaller, micro-level framework that specifically responds to the research question for this dissertation.

Theoretical Foundations

Context. *Historical trauma* is defined as complex, cumulative, and collective traumas resulting from violent colonial acts targeted at specific communities and experienced throughout the life course and across multiple generations (Brave Heart & DeBruyn, 1998; A. Estrada, 2009; Evans-Campbell & Walters, 2006; Sotero, 2006). This does not only affect Indigenous populations from the Americas; a number of empirical studies demonstrate the impact of trauma histories on the psychological health of diverse populations globally. For example, second- and third-generation offspring of Holocaust survivors show increased risk for and symptoms of

posttraumatic stress disorder as well as resilience (Barel, Van IJzendoorn, Sagi-Schwartz, & Bakermans-Kranenburg, 2010; Kellerman, 2001a; Kellerman, 2001b). For Palestinians and their descendants displaced from their homes during the 1948 Nakba (Catastrophe), poorer health, lower socioeconomic status, and elevated stress levels were reported compared with those who had not experienced displacement (Daoud, Shankardass, O'Campo, Anderson, & Agbaria, 2012). A final example lies in descendants of the Armenian genocide, who were also found to have higher posttraumatic stress symptoms. However, these symptoms appear to decrease across later generations (Karenian et al., 2011).

Indigenous Peoples in the Americas, which is the focus of this dissertation, have experienced prolonged, ongoing, and persistent trauma resulting from over 500 years of colonial oppression. This has significantly impacted their health and well-being through multiple, systematic forms of attempted annihilation (Brave Heart, Chase, Elkins, & Atschul, 2011). For Indigenous Peoples of Mexico (IPM) specifically, as described earlier in the Literature Review: History & Genealogy chapter, these specific acts of historical trauma had devastating consequences not only by dramatically reducing the Indigenous population of what is now called Mexico as well as of the Americas as a whole, but also by deliberate, ongoing attempts to annihilate cultural, linguistic, and spiritual identity. These multigenerational consequences are seen today in the health disparities that Indigenous populations experience, as described in the Introduction chapter.

Sotero's (2006) conceptual model (Figure 4.1) provides a snapshot of multilevel pathways through which mass trauma experiences can result in health disparities, summed up in three stages. First, "mass trauma experience" depicts how a dominant group subjugates a population group, producing segregation/displacement, physical and psychological violence,

economic destruction, and cultural dispossession as mass trauma experiences. Second, “first or primary generations” depicts how trauma victims may experience physical, psychological, and social trauma responses. These can also be buffered by resilience and protective factors—as shown in the inverted triangle entitled “trauma response.” Third, these responses can be transmitted across generations genetically, physiologically, psychosocially, socially, economically, politically, and environmentally, as listed in above the “influences on health disparities” box in the lower left corner. Sotero’s conceptual model is informed by psychosocial, political/economic, and social/ecological theories. Psychosocial theory helps explain the connection between stress and illness. Political and economic theory explains structural determinants of health and illness. Finally, social and ecological systems theories help illuminate multilevel impacts on health and illness. Given the diversity in the sample in terms of place of birth (i.e., United States, Mexico, rural, urban, within, or outside of their Indigenous group’s territories) and their relationship with Indigeneity (i.e., some participants were born into Indigenous-identifying families, whereas others reconnected with their Indigenous identities through danza), lived experiences of particular aspects of historical trauma within Sotero’s (2006) conceptual model will vary. However, sharing a common ancestry as people with Indigenous lineage of Mexico binds this sample together in historical and contemporary experiences with both trauma and resilience.

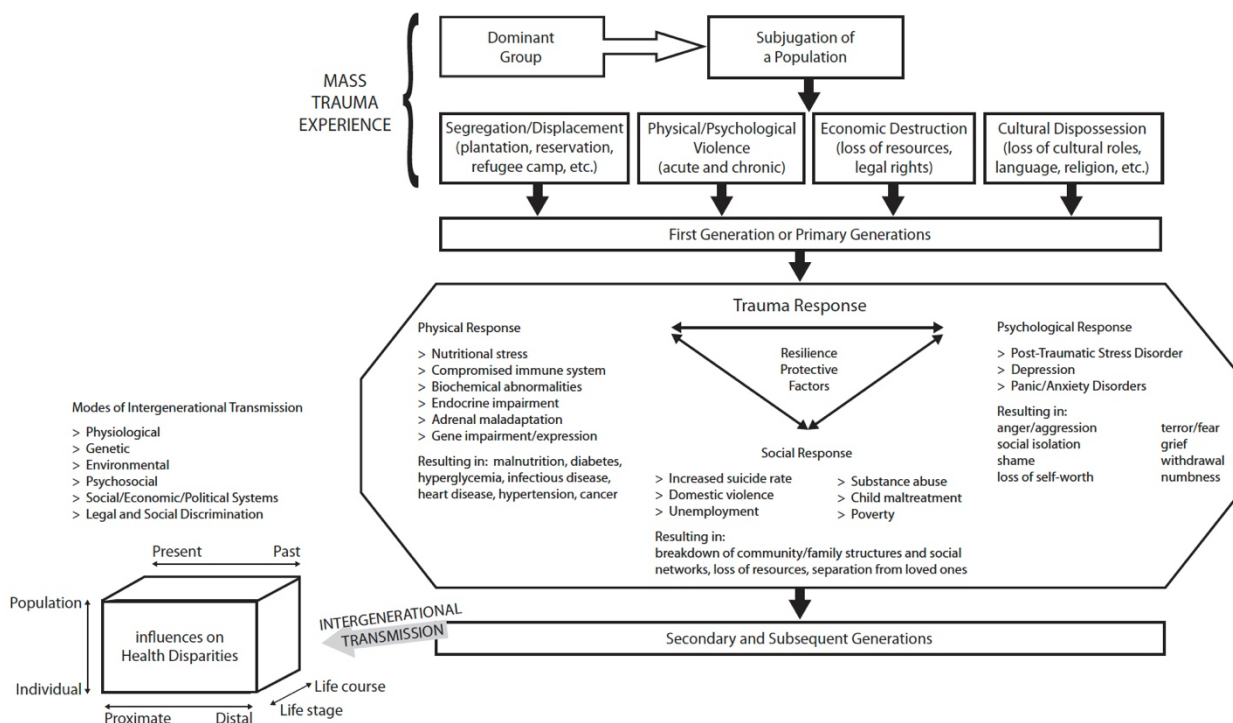


Figure 4.1: Conceptual Model of Historical Trauma (Sotero, 2006).

Transmission. Physiologically, both historical trauma events and resilience can become embodied, impacting health outcomes. *Embodiment* refers to the biological incorporation of societal and ecological events (e.g., racism, displacement; Krieger, 2005). Krieger's (2011) ecosocial theory (Figure 4.2) gives an understanding of the pathways through which embodiment of such past and present stressors occur. It looks at the health consequences of discrimination, in its construction of multidimensional linkages among discrimination, inequality, and health by conceptualizing the ways that social experiences are embodied in an individual's patterns of health, wellness, and disease. This theory illuminates the negative outcomes produced by the daily interactions that individuals experience throughout the life course. It also encompasses power arrangements that result in production and consumption as well as biological characteristics shaped by ecological context and history and their effects on individual biological and social development.

Ecosocial theory's premise—that our physical and mental health and well-being are completely interwoven with our social and biological history—supports the Indigenous worldview that all things are related, that our experiences as spiritual beings are inseparably intertwined with those of our ancestors and our posterity as much as with place. For example, for Indigenous Peoples in the Americas, the deliberate and systematic attack on Indigenous cultural and spiritual practices through colonial acts (Brave Heart et al., 2011) reduces access to traditional protective factors (e.g., language, culture, land-based practices such as hunting and gathering) and multiplies risk factors leading to stress and illness, which can increase vulnerability to health disparities through embodiment across multiple generations (Krieger, 2005; Krieger & Davey Smith, 2004; Walters et al., 2011). The ecosocial theory speaks to the impact that historical trauma has had on Indigenous health and health disparities and may also provide insight as to how strengths and resilience may be embodied to prevent poor health outcomes.

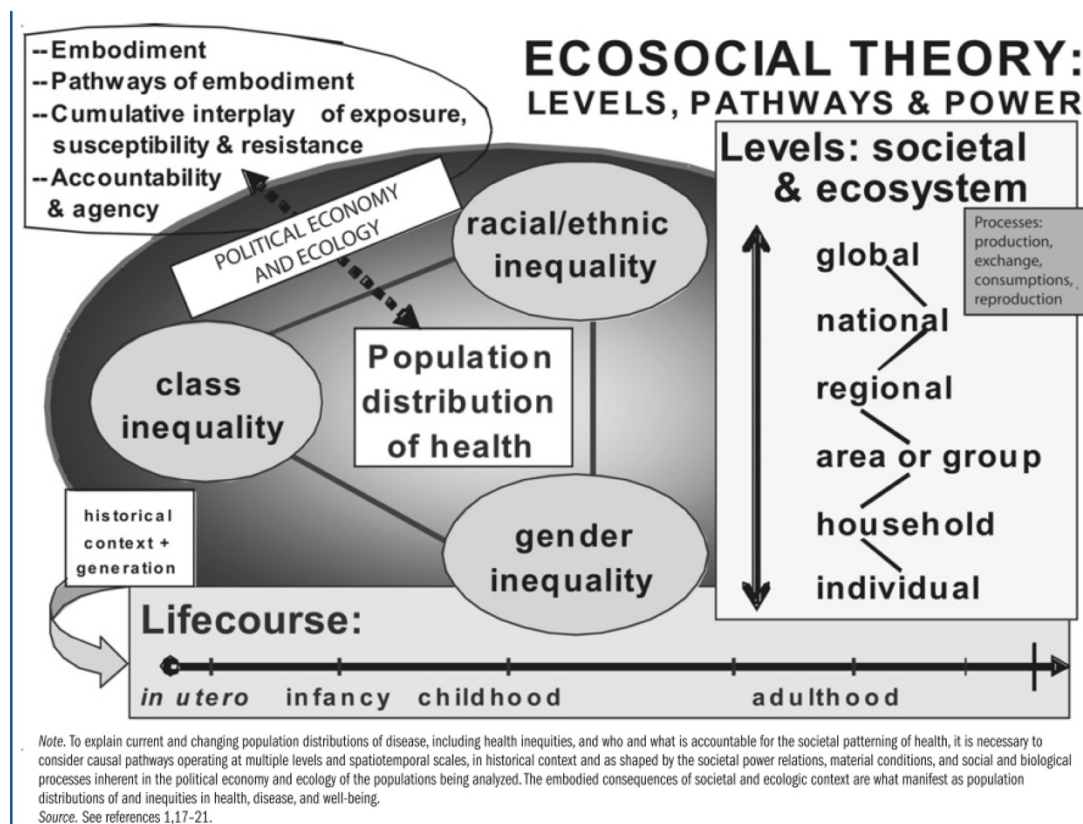


Figure 4.2: Ecosocial theory and embodying inequality: core constructs (Krieger, 2011, p. 214).

Informed by ecosocial theory (Krieger, 1999), the Indigenist stress-coping model (ISCM) demonstrates potential pathways for the embodiment of both stress and resilience among Indigenous populations. It illuminates the relationship between traumatic stressors and poor health outcomes in American Indians (AI) and is tailored to AI, countering the Eurocentric paradigms that have historically been centered around individual pathology. The ISCM embodies both historical and current trauma and oppression of AI while highlighting familial, communal, cultural, and spiritual strengths as well as group conceptions of identity as moderators. It also provides a decolonizing conceptual framework that implicates a shift in paradigmatic views of Indigenous health (Walters et al., 2002) and forms the theoretical foundation of this dissertation study.

The ISCM is informed by three strands that form the basis for its theoretical framework. The first is O'Neil's (1986) fourth world perspective, which contextualizes the relationship between Indigenous populations and colonizing peoples, illuminating how colonization places Indigenous People, who advocate for their own sovereignty in their original territories, in a unique and challenging role. The second strand is Krieger's (1999) aforementioned ecosocial theory, which provides an integrative, multidimensional lens through which to analyze the relationship between healthy human biological and social development amidst both historical and current discrimination and inequality. The final strand is Dinges and Joos's (1988) stress, coping, and health model, which illuminates the connections between stressful life events and health problems and how both internal and external determinants can moderate health outcomes by either ameliorating or exacerbating them. Within a fourth world perspective, using an integrative ecosocial theory, Dinges and Joos's (1988) stress, coping, and health model provides the centerpiece of the ISCM's foundation. Dinges and Joos's vulnerability hypothesis links stressful life events and health problems with internal and external determinants, which function as moderators that can either prevent or exacerbate health outcomes. Drawing from existing research on AI populations, they posit that internal determinants (emotional and biological strengths or limitations) or external determinants (material and social supports or limitations) act as moderators to stress coping.

Stress, coping, and health outcomes constitute its components (Figure 4.3). Stressors are both proximal and distal and are conceptualized as historical and contemporary traumas (e.g., boarding schools, violent crimes/assault, discrimination). Coping mechanisms are conceptualized as cultural buffers (e.g., family/community involvement, cultural/spiritual practices, identity attitudes). Finally, resulting health outcomes linked to trauma are

conceptualized as health conditions such as HIV, AOD, and mental health issues (Walters et al., 2002). My dissertation analysis proposes that participation in danza as a place wherein decolonizing narratives of health are transmitted serves as a potential moderator between traumatic stress and health outcomes in the ISCM, as will be discussed in greater depth in the next section.

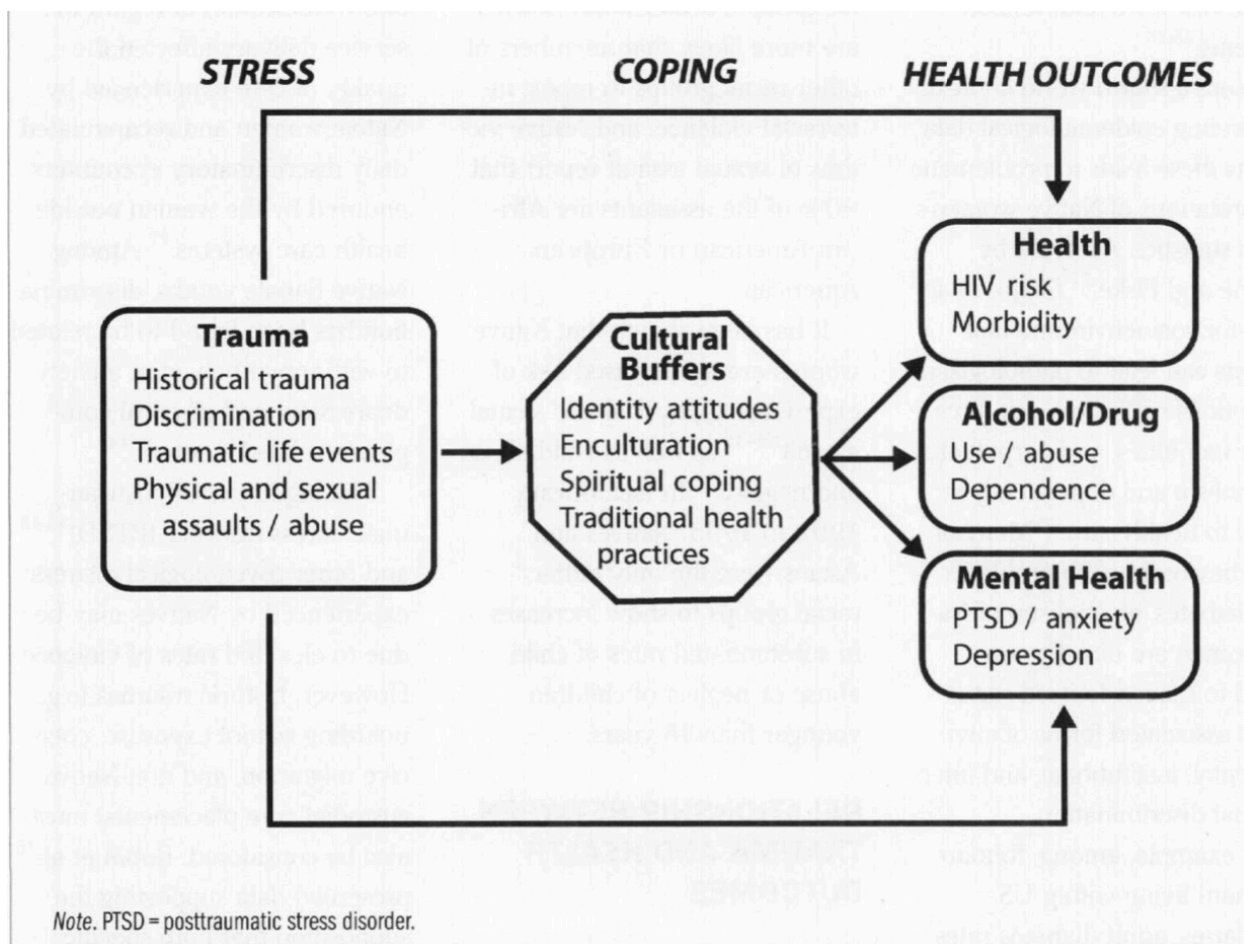


Figure 4.3: Indigenist Stress-Coping Model (Walters et al., 2002).

Narrative. Historical trauma events can also be recounted through storytelling as a means by which to grapple with traumatic memories that both acknowledges negative impacts and highlights survival strategies. *Public narratives* are one such approach, and are defined as “stories that shape collective memory through reliance on narrative elements such as characters,

actions, places and time” (N. V. Mohatt, Thompson, Thai, & Tebes, 2014, p. 130). Narrative in this context can be theorized as a significant, public means by which historically traumatic events—as they are connected to contemporary health disparities—are talked about as a way of making meaning, and passing down coping strategies through sharing stories of both stress and resilience (Mohatt et al., 2014).

Figure 4.4 gives a visual depiction of how narrative can serve as a vehicle by which recounting historical trauma memories can impact the contemporary health of individuals and communities, through recursive linkages among (a) historical trauma narratives, (b) contemporary reminders of the trauma, (c) narrative salience of the trauma within personal and public contexts, and (d) health impacts. Historical trauma narratives are the vehicle through which such memories are understood, and contemporary reminders of historical trauma events can be public (e.g., racist stereotypes, poverty) or private (e.g., perceived discrimination, personal traumas). Narrative salience of the trauma can also be public or private, and is dictated by a person’s or group’s perceived proximity or interpretation of its relevance to them—moreover, narratives of resilience can counter oppressive narratives of trauma as well. Finally, health impacts of historical trauma events range from psychological to physiological within individuals and communities—as explained earlier in the context section as well as in the Introduction and the Place, Culture, and Dance in Health Research Literature Review chapters—and simultaneously exemplify resilience (N. V. Mohatt et al., 2014).

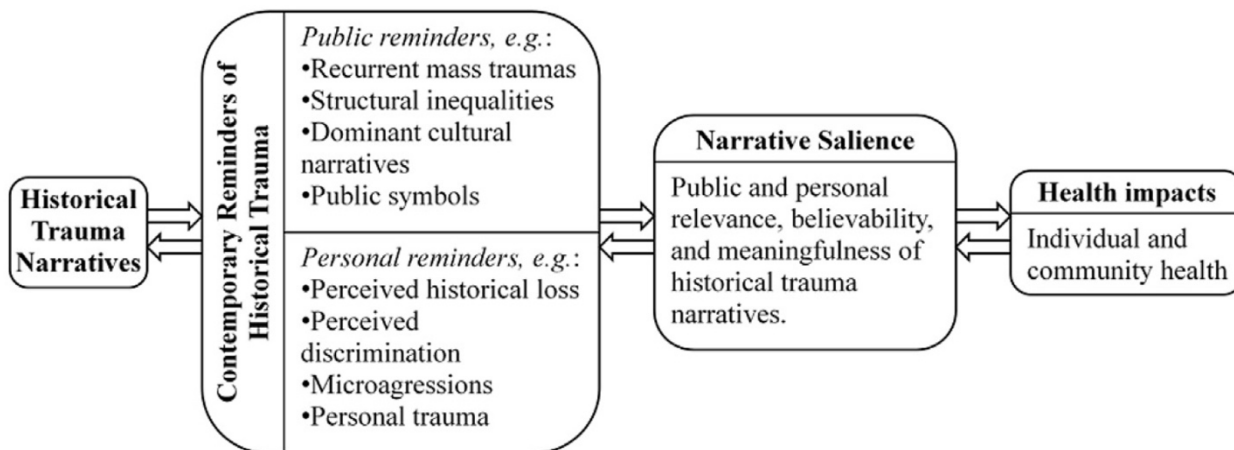


Figure 4.4: “Narrative Model of How Historical Trauma Impacts Health: Public narratives connect historical traumas to health impacts through public and personal contemporary reminders and the degree of narrative salience. Each stage of the narrative model is recursively influential of the connecting stages” (Mohatt et al., 2014, p. 132).

By framing traumatic events through stories, one can (a) use internal logic to explain a causal relationship between events in the past and symptoms in the present and (b) use memory as a means by which to represent the traumatic past event (Mohatt et al., 2014; Young, 1997, 2004). Because dominant cultures often devalue other cultural groups’ knowledge and freedom of speech through suppressing narratives (Foucault, 2003), public cultural narratives can help frame the context of the historically traumatic event in psychosocial, political/economic, and social/ecological terms (Young, 2004). Thus, public narratives can serve as a way of organizing social movements that not only redress historical trauma events, but also address their contemporary manifestations.

Understanding historical trauma through public narrative ultimately provides a framework for processing traumatic events and experiences, as well as for grappling with their ongoing existence through individual and collective responses to them (Brave Heart & DeBruyn, 1998; Evans-Campbell, 2008; Mohatt et al., 2014). Survivors of traumatic events often avoid talking about their experiences to their children and grandchildren (Berckmoes, Eichensheim,

Rutayisire, Richters, & Hola, 2017; Nagata, 1991), and recounting historical trauma events can even exacerbate vicarious traumatization (Myhra, 2011). Yet the purpose of storying historical trauma events is not to re-live or re-experience the trauma, but rather to provide a space for processing and recognition of both functional and dysfunctional intergenerational coping responses, in order to identify healthy, survival strategies (DeGruy, 2017). In fact, resilience can result from knowledge of narratives and their linkages to collective identity (Wexler, DiFluvio, & Burke, 2009). One such pathway through which this can occur is cultural continuity, which is conceptualized as the extent of community engagement in actions that strengthens group identity. In fact, whereas historical trauma events can lead to decreased cultural continuity exemplified in the link between boarding/residential school attendance and loss of traditional parenting practices that may impact behavioral health disparities (Evans-Campbell, Walters, Pearson, & Campbell, 2012), sharing narratives of cultural continuity can be forms of resistance, as powerful tools for the promotion of resiliency (Kirmayer, Dandeneau, Marshall, Phillips, & Williamson, 2011). Furthermore, cultural continuity can also be protective in moderating behavioral health issues within some Indigenous First Nations communities (Chandler & Lalonde, 2009). This is evident throughout narratives of the participants in this dissertation study, which I present in the Results chapter.

Overall, conceptualizing public narrative as a means by which historical trauma and resilience can be understood across generations does not deny the real atrocities of colonization or the physiological mechanisms by which they may become embodied. Rather, it can help provide a more nuanced understanding of how stories of traumatic stress and resilience can be expressed across such generations and internalized (Mohatt et al., 2014). The power of using public narrative is a transformative means by which Indigenous Peoples can experience both

stress and simultaneous resilience in places where historical trauma events occurred, through both historical and contemporary reminders of those events (Fernandez et al., 2019; Schultz, Walters et al., 2016). Furthermore, as we see in the results of the dissertation study, the use of narrative can help create protective, transportable spaces wherein transnational, diasporic Indigenous Peoples can also maintain connections to their past that help them not only acknowledge past traumas, but also heal and thrive.

Cultural protective factors. Place/settings-based, cultural protective factors (such as dance) can play an important role in mitigating the impact of stress on health outcomes. Figure 4.5, an expansion of the ISCM cultural buffers box from Figure 4.3, models the focal point of this dissertation. It is a conceptual model of the dissertation study research question that examines the role of danza as a potential place/settings-based protective factor (i.e., cultural buffer). Within the “cultural buffers” component of the ISCM (Walters et al., 2002) lie several interrelated theoretical concepts that explain the role of participation in “danza as place,” linking health and place for UDMC. These theoretical concepts comprise relationality and relational accountability (S. Wilson, 2008), connectedness (N. V. Mohatt et al., 2011), relational geography (Cummins, Curtis, Diez-Roux, & Macintyre, 2007), and Native Hubs (Ramirez, 2007).

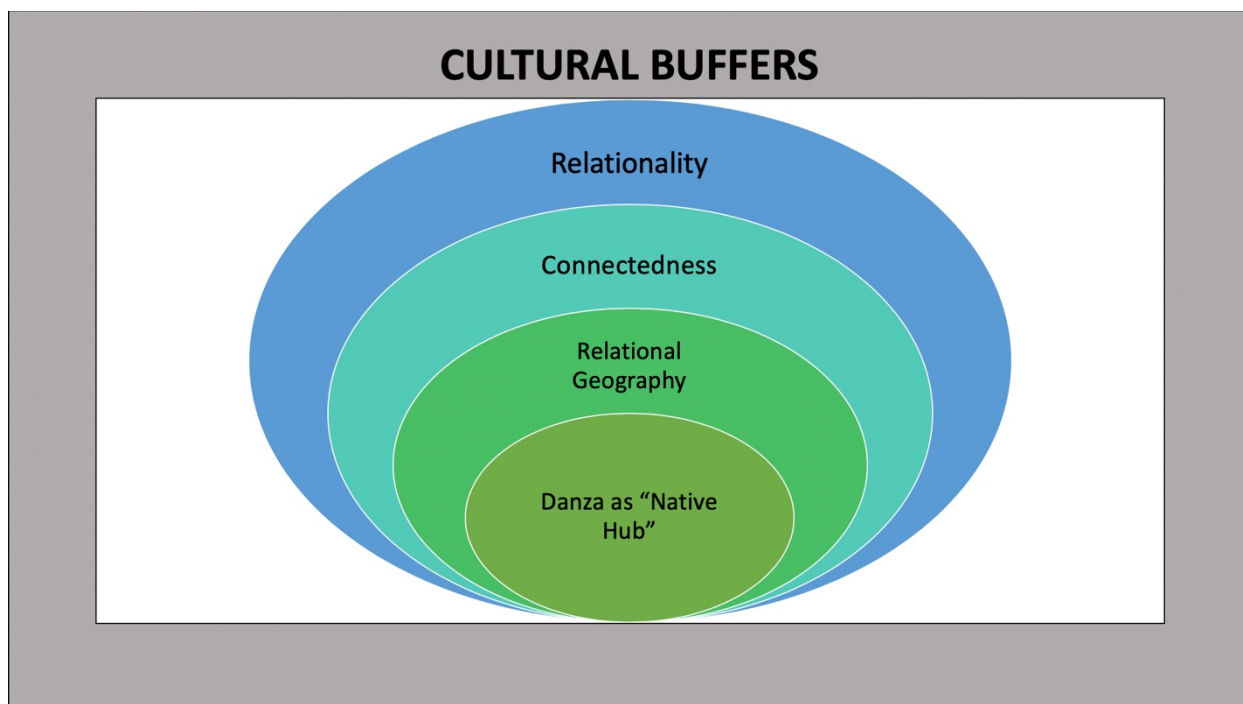


Figure 4.5: Danza as place: theoretical pathways within cultural buffers box, nested within ISCM (Walters et al., 2002) as an expansion of the original model.

Relationality encompasses these theoretical concepts and emphasizes that both humans and other life forms (e.g., land, animals, plants, ecosystem) represent important relationships with all of Creation (S. Wilson, 2008). It binds Indigenous identity in equitable, intergenerational relationships through relational accountability, which requires us to fulfill obligations not only interpersonally but also with all of Creation, including as researchers to those communities with whom we work (Hart, 2010; S. Wilson, 2008). A relational perspective on well-being “assumes that the individual, family community, and society are interconnected and inseparable” (McCubbin, McCubbin, Zhang, Kehl, & Strom, 2013, p. 363). This perspective underscores the interdependent, relational connections between families (e.g., nuclear, extended, adopted), ancestors, community, society, culture, physical and natural environments, and the world (McCubbin et al., 2013).

Connectedness results from relationality and is defined as “the interrelated welfare of the individual, one’s family, one’s community, and the natural environment” (N. V. Mohatt et al., 2011, p. 444). It is used within Indigenous health research to encompass the relationships between a broad range of protective factors that prevent maladaptive coping behaviors (N. V. Mohatt et al., 2011). Ullrich’s (2019) Indigenous connectedness framework builds upon the work of N. V. Mohatt et al. (2011) to represent the role of connectedness to environment, community, ancestors and future generations, family, and spirit in key mechanisms that build connectedness for Indigenous children. Connectedness to original Indigenous lands is carried within through migration from rural to urban settings, including through creating spaces for ceremonial music and dance for children, adults, and elders (Senungetuk, 2017), because the “land” or “environment” not only refers to geographically bound tribal lands but also to a “socially determined sense of place” (Ullrich, 2019, p. 4), such as in the case of an urban Indigenous dance community (Johnson, 2013; Senungetuk, 2017).

The theory of relational geography (Cummins et al., 2007) expands on the component of relationality that promotes relationships between humans and other life forms (e.g., an Indigenous tribe’s relationship with a sacred site such as a river) to include nongeographical definitions of place. Rather than viewing place as a clearly defined unit of space, it posits that place is created by social, dynamic, and fluid relations imbued with power relations and cultural meaning. Relational geography demonstrates how people may create or maintain relational connections to place despite personal and/or ancestral migration across colonial borders (i.e., reservation, state, international, rural, or urban). Such relational geographic spaces can serve as temporary Indigenous places that “revive our connections not only with each other but also with homelands far removed” (Johnson, 2013, p. 216).

Finally, *Native Hubs* is defined as a concept that can represent fixed or fluid places and spaces that are geographical, socially constructed, or virtual. It is a theoretical concept that encompasses all of the aforementioned theoretical perspectives by introducing the element of participation in cultural activities as a place-maker. It describes the sense of connection that Native Americans and other Indigenous Peoples maintain “to their tribal homelands and urban spaces through participation in cultural circuits and maintenance of social networks,” including through shared activity with other urban- or rural-based Indigenous People both on and off tribal lands (Ramirez, 2007, p. 3). First developed by Laverne Roberts (Paiute), founder of the American Indian Alliance in California, this concept was born of her vision of urban and reservation Native mobility and political means for social change. Native Hubs function as way to support Indigenous constructions of identity, culture, community, and belonging apart from original land bases. Native Hubs can be portable and revolve around temporary gathering spaces, such as sweat lodges, pow-wows, and social and political activities, and they can represent any space, such as a community center, school, or conference room (Ramirez, 2007).

Native Hubs also conceptualizes the ongoing connection between Indigenous urban-based communities and their identities (as represented by their homelands) as a form of *transnationalism*—a term which emphasizes the preservation of their unique Indigenous identities, as opposed to *pantribalism*, which can imply loss of unique differences to an “ethnic Indian identity” (Ramirez, 2007, p. 13). Ramirez expresses her intention to support dialogue across tribal affiliation, national origin, age, federal acknowledgement status, and blood quantum status in theorizing Native Hubs. This cross-border communication can occur through Native “Hub-making,” through *re-membering* (Delgado, 2002). This takes place when Indigenous People, whose lives and lands have been targeted for destruction by centuries of colonization,

gather to share past and present experiences through narrative, or storytelling. This process, practiced by Indigenous communities across the Western Hemisphere (e.g., Mayan, Zuni), aligns with Indigenous prophecies that foretell a time of unity, spirituality, and solidarity among Indigenous nations from north to south (Ramirez, 2007).

The UDMC consists of members of a Native diaspora, a term that Ramirez argues “refers not only to the landless Natives’ imagining and maintaining connections with their tribal nations, but also to the development of intertribal networks and connections within and across different nation-states,” (Ramirez, 2007, p. 11). One way these connections are made and maintained is by place-making through cultural dance. For many urban Native communities, pow-wows are a prime example of Native Hubs, wherein urban Indigenous communities convene in order to sustain their “culture, community, identity and belonging within interconnected relationships across space” (Ramirez, 2007, p. 58). For the UDMC in the United States, Danza Mexica may serve as a Native Hub for the UDMC as members of a Native diaspora. As such, danza as a Native Hub for UDMC is theorized as cultural, social, and political force that not only fosters Indigenous identity and belonging, but may also strengthen Indigenous political power through organizing in solidarity (Ramirez, 2007)—a role that many danzantes engage in across the Americas.

For the UDMC, these theoretical concepts help weave together the role of cultural dance as a protective factor. A number of studies specifically name “culture as treatment” for mental health among AIAN (Gone, 2013) and cultural traditions as potentially protective factors for Latinos (Castro et al., 2007). Cultural activities occur in both urban and rural settings and give participants a sense of healing. These activities can also provide a sense of home, cultural pride, and identity. They encompass both culture and spirituality and include communally connected

activities such as participation in cultural practices through dance or spiritual ceremonial participation (L. Archibald & Dewar, 2011; Gone, 2013; Hartmann & Gone, 2012; Wendt & Gone, 2012; Yu & Stiffman, 2007), which are integral activities for many UDMC. Gregory Cajete posits that ceremony provides “both a context for transferring knowledge and a way to remember the responsibility we have to our relationships with life. Native ceremony is associated with maintaining and restoring balance, renewal, cultivating relationships, and creative participation with nature” (as cited in Waters, 2004, p. 54). For *danzantes*, “*la danza es una ceremonia/danza is a ceremony*” (Segura as cited in Poveda, 1981, p. 287)—participation in *Danza Mexica* creates a collective, ceremonial space that fosters health and wellness for UDMC.

Implications

This theoretical framework of *danza* as a protective buffer within the ISCM is well aligned with the National Institute on Minority Health and Health Disparities (NIMHD) research framework (Figure 4.6; NIMHD, n.d.). The NIMHD research framework helps visualize how such a context (characterized in the column and row headers as domains and levels of influence, respectively) provides a place or space where health disparities as well as opportunities for resilience and health promotion may coexist. This framework is an ever-evolving population-health heuristic that conceptualizes the multilevel (from individual to societal), multidimensional (from biological to health care system) social determinants of health that influence minority health and health disparities. This dissertation targets specific areas that I enclosed with a red rectangle in Figure 4.6. These areas include the three middle domains (behavioral, physical/built environment, sociocultural environment), from individual to community levels of influence across the life course. The NIMHD research framework visualizes specific areas for risk and prevention within each cell of the table, providing an outline for understanding how these

domains and levels may interact with one another. I added the blue arrows in Figure 4.6 to indicate the underlying influence of historical trauma and resilience throughout all domains and levels of influence across the life course, from cell to society. Findings from the study may provide implications for future theory and intervention development of specific areas within the cells of this framework—which will be discussed in the final chapters of this dissertation.

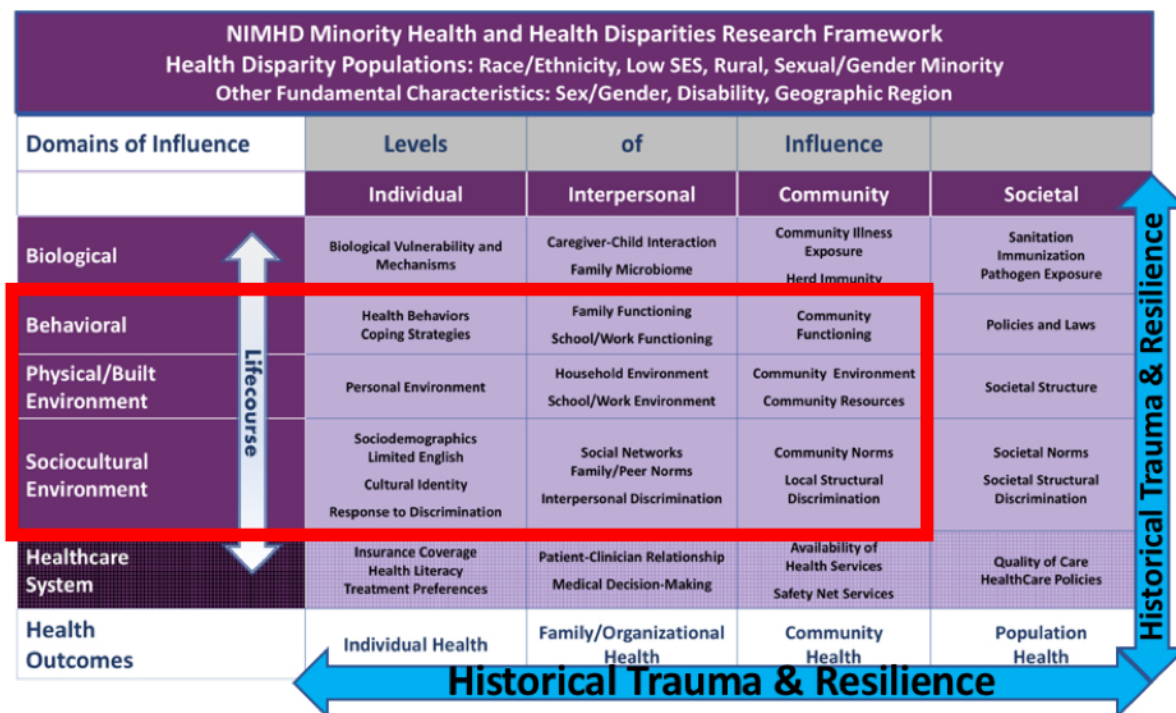


Figure 4.6: NIMHD Minority Health and Health Disparities Research Framework.

Conclusion

This dissertation will address how the theoretical framework presented in this chapter helps frame the participation in Danza Mexica as a transformative space for decolonizing narratives of health, through using relational, narrative methods. “Understanding and changing determinants of health inequities requires explicit attention to societies’ political, economic, cultural and ecological priorities in a historical context and how they become embodied” (Krieger et al., 2010, p. 3). Yet, as many Native scholars, healers, and community members have

known for thousands of years, “our culture is medicine” (Bassett, Tsosie, & Nannauck, 2012).

Participant narratives in this dissertation speak its healing power through danza.

CHAPTER 5: METHODS

My methodological approach is that of an Indigenous bricoleur (Lee, 2009). In the *Place, Culture, and Dance in Health Research Literature Review* chapter, I discussed how Indigenous qualitative researchers are Indigenous bricoleurs who draw on their broad methodological skillset to develop the most beneficial solutions to meet community-based goals. This can involve the use of multiple methods, the adaptation of existing methods, or the development of new methods. Indigenous bricoleurs' methodological choices are guided by the goals of the community for which the research is designed. Those methods deemed most beneficial to achieve community-based goals—whether Indigenized, mainstream, or commonly a combination of both, are prioritized (Lee, 2009). As an Indigenous bricoleur, my methodological choices for this dissertation are guided by such factors.

This chapter will begin with a description of the parent study, its site and sample, and specific data collection procedures, followed by a description of the dissertation study. I will then provide an overview of the theoretical underpinnings of narrative inquiry and specific narrative inquiry methodologies used. I will also summarize the utility of qualitative mixed methods in this dissertation. Next, I will provide detailed steps of each of the data analytic strategies used in the analysis, followed by a discussion of methodological integrity—a conceptual framework of criteria for trustworthiness in qualitative research. I conclude with sample demographics to lead into the Results chapter.

Description of Parent Study

My dissertation study is a secondary data analysis drawn from a larger pilot study—the *AOD and HIV Needs Assessment in Urban Mexican American Indians* (Principal Investigator: Dr. Ramona Beltran). The parent study is one of a number of Indigenous HIV/AIDS Research Training Program (IHART) projects funded by the National Institute of Mental Health (NIMH),

Grant No. R25MH084565. IHART is housed at the University of Washington's Indigenous Wellness Research Institute (Principal Investigators: Dr. Karina L. Walters, Dr. Tessa Evans-Campbell, Dr. Bonnie Duran). As explained in the introduction, the literature on the health of Mexican American Indians (MAI) as a whole, let alone AOD and HIV, is significantly limited, because MAI is a new census category (Norris et al., 2012). Given the AOD and HIV health disparities among Mexican migrants (Indigenous and non), AIAN, and Latinx—groups to which MAI may belong—there is a significant need for initial empirical data collection among this population in order to develop culturally congruent theory, measures, and interventions that address MAI health risks. The *AOD and HIV Needs Assessment in Urban Mexican American Indians* aims to meet this need as a pilot study.

The parent study uses an innovative CBPR approach aimed at gathering data to inform an AOD and HIV needs assessment within the urban MAI community. This project is the first of its kind to conduct an in-depth qualitative AOD and HIV needs assessment with individuals identifying as MAI living in urban areas of the Pacific Northwest and the Rocky Mountain West. This pilot project uses qualitative methods (in-depth interviews and focus groups) to gather initial empirical data about AOD and HIV risk and protective factors among urban MAI. Interview questions explore participants' experiences, thoughts, and feelings related to AOD, HIV, and overall health within their communities. Findings will be used to develop culturally congruent and sustainable AOD and HIV interventions and to inform a future quantitative, social epidemiological survey. The specific research aims of this parent study are:

Aim 1: To identify unique HIV and AOD risk and protective factors that may be specific to MAI communities. To accomplish this, we will establish a community advisory board (CAB) of community leaders and stakeholders who identify as MAI (or Indigenous

Latino) for development of questions and concerns related to MAI community AOD and HIV and to work with the CAB in developing culturally relevant questionnaires in urban MAI adults ages 18–65 years. Methods originally proposed include conducting (a) 25 in-depth individual interviews; and (b) two focus groups (one English, one Spanish) to review data and integrate for potential measures for a future quantitative survey.

Aim 2: To work with the CAB and community focus groups to determine AOD and HIV content areas that are relevant and responsive to culturally specific HIV and AOD health needs. This input will lead to survey measures and specific questions for development of online quantitative survey using both established measures and potential culturally adapted constructs.

Aim 3: To disseminate findings to community groups as well as develop manuscripts for submission to peer-reviewed journals related to HIV/AIDS.

Parent Study Site and Sample

Because the parent study is funded by NIMH Grant No. R25MH084565, this dissertation was conducted at the Indigenous Wellness Research Institute, housed within the University of Washington School of Social Work. Qualitative data were collected primarily in an urban area in the Pacific Northwest and in the Rocky Mountain West. All locations were selected by participants: a private room and an office within university campuses, a community center, participant homes, a participant's office, and a reserved library room.

This study uses a purposive, snowball sampling strategy. Inclusion criteria were adults 18 years of age or older, identifying as men, women, and gender nonconforming (e.g., transgender, intersex, two-spirit, or other tribal-specific gender identity), and those who self-identified as having Indigenous ancestry of Mexico or Central/South America. Exclusion criteria

were people younger than 18 years of age who do not identify as having Indigenous ancestry from Mexico or Central/South America. Leaders in the traditional Danza Mexica community served as seeds to recruit male, female, and gender-nonconforming volunteer participants from two dance circles in an urban location in the Pacific Northwest. Snowball sampling was deemed scientifically appropriate and ethically justified by the research team for the initial interviews due to the lack of data and the barriers and costs of accessing MAI, which is a unique minority group. The final qualitative data for the parent study includes 21 in-depth interviews. Following transcription, the data were cleaned and deidentified of any personal identifiers and were given pseudonyms during the coding process.

Parent Study Data Collection

Data for the parent study was collected using a CBPR approach. In the initial stages of the study, in-depth interviews with a CAB of community leaders and stakeholders identified culturally relevant themes related to AOD and HIV. The research team then developed an interview guide from the initial CAB consultation, which was reviewed and revised by the CAB prior to conducting interviews with recruited participants. The data collection occurred in two steps. First, the research team conducted 21 in-depth interviews in English and Spanish. In order to ensure data collection was responsive to community perceptions/needs, the research team will present a thematic analysis of the data to two focus groups (one in English and one in Spanish) as Step 2 of the data collection, as well as present the analysis to the CAB.

The interview questions consist of several main themes: race, ethnic identity, cultural traditions; place and health; gender and sexuality; overall traditional health benefits; community health needs; and community health strengths. For this dissertation, I was invited to add a place and health theme to assess perceptions of the place relationship in MAI health. The specific

place-related questions under the cultural identity and traditional practices theme appear in the following script:

For many Indigenous people, our connection to land is very important to our identity.

Many of us are no longer living on our original homelands. While some of us lived on our original tribal homelands in the past, others of us did not have the opportunity to live there and some are not able to visit. We are going to now ask some questions about your connections and thoughts about original lands.

1. Where is your family originally from in Mexico? (Or other country)
2. What feelings or thoughts come to mind when you think about your original homelands?
 - a. Probe: How do you maintain, reconnect, or re-create the feelings you have for these original homelands even though you now live in a new place?
 - b. Probe: What do you have in your environment or community that reminds you of your original land?
 - c. Probe: What keeps you connected to your original land?
3. How do you think your connection to land or the natural environment influences your health?

Participants told stories of danza and place in health throughout the interview question themes, not only in the place-and-health set of questions listed above. This was likely for two reasons. First, we took a fluid, narrative-style approach to interviewing that allowed us to follow a nonlinear, Indigenized approach to the questionnaire that enabled the participant's natural storytelling flow to lead the interview. In effect, participants often answered more than one question in their responses, which also allowed us to gather more rich data and move through the

questionnaire with little disruption from the interviewer. Second, as mentioned in the Preface, I became aware of my Northern Indigenous influence on the way I had worded the place- and health-themed questions during the process of interviewing participants, whose storied responses revealed a unique, transformational relationship with place and land that I had not anticipated, given their intersectional, transnational diasporic identities. Thus, their responses motivated and informed the evolution of the innovative methods used in this dissertation analysis—namely, the decolonizing narratives of health (DNOH) data analytic framework, which will be discussed in greater detail later in the chapter. See Appendix B for full English and Spanish interview guides.

After conducting each interview, detailed notes were taken about the interview setting, process, and the participant and were kept in a file labeled with the participant's randomly assigned code. Interviews were audio recorded and transcribed by professional transcribers. For the Spanish interviews, a bilingual Xicana feminist/scholar and activist both transcribed and translated the Spanish interviews, whereas the English interviews were transcribed by a fluent English transcriptionist. As the only fluent Spanish speaker among the research assistants involved in the cleaning and deidentifying of the data specifically used in this dissertation study, I completed the Spanish transcripts, whereas the English transcripts were first cleaned and deidentified by two other study research assistants, then I completed them. This process included cleaning the data by cross-checking transcripts with digital audio recordings to ensure accurate transcription. We also deidentified specific names of people, places, and particular events that identify specific participants and risk violation of confidentiality.

Description of Dissertation Study

This dissertation inquires about the relationships between danza participation, place, and health for UDMC. I conduct a secondary analysis of the parent study data in order to answer the

following research question: **How do members of the Urban Danza Mexica Community perceive the role of participation in a traditional Danza Mexica community in relationship to health and well-being?** In both social work and other empirical literature in the health sciences, the human relationship with place/settings and cultural dance is often overlooked. My research examines these relationships through narrative analyses of these participants' responses to an open-ended questionnaire that allows important space for storytelling. The dissertation analysis takes a qualitative, narrative approach to uncover the role of participation in Indigenous cultural dance as a transformative process linking health to a fluid, transportable conception of place, exploring how it may serve as a potential protective factor in buffering the impacts of stress and reducing the risk of AOD and HIV and improving overall health among adult UDMC. Although the data were collected within the context of an HIV and AOD prevention study, my specific focus looks at how participation in Indigenous cultural dance may create a protective place/setting for health risk reduction, which may thereby inform the development of place/settings-based, culturally grounded, effective health interventions among UDMC.

UDMC Data Collection

This dissertation study analyzed 12 of the 21 total interviews for the parent study, including participants who identify as having specific Indigenous ancestry from Mexico. Whereas I conducted my initial analysis on 12 participants, nine were included in the final analysis. I withheld sharing the data from the three transgender/two-spirit participants in my study for three interconnected reasons: (a) the architecture of my mixed methodological design, (b) the participants' exceptional need for confidentiality, (c) the depth and breadth of attention their narratives merit. After having conducted the initial analysis, it became clear that the case-style, lengthier narrative excerpts required for this study's mixed methods approach would not be

a fit for the transgender/two-spirit participants, who require a non–case-based, more aggregated methodological approach to ensure a higher level of confidentiality. Furthermore, these participants’ narratives are rich and complex, involve significant courage, vulnerability, and risk for marginalization, and thus deserve greater attention and collaboration in developing their own separate body of work—forthcoming in future publications.

A sample size of 9 is appropriate for capturing meaningful data in response to the research question. As previously explained, the particular selection of mixed, qualitative methodologies used for this dissertation study require an in-depth, nuanced, and contextualized analysis of longer story segments—as opposed to fragmented excerpts common in qualitative research methods. For the nine participants whose data were analyzed in the dissertation, using a case-based structure for the analysis and presentation of results required additional deidentification (e.g., using age cohorts rather than specific ages; removing details surrounding leadership roles)—particularly applicable to those more visible in the community due to specific characteristics or roles that made them unique to the rest of the participants in this small sample. In addition, the nine interviews analyzed for this dissertation demographically represented similar diversity to the larger sample in terms of gender, age, and specific tribal affiliation. This sample size is appropriate because this exploratory study is diverse in demographic representation, giving it “exploratory and explanatory power” (Attride-Stirling, 2001, p. 403).

Introduction to Narrative Inquiry

The analysis presented in the Results chapter centers on two main narrative inquiry methodologies—DNOH as a core component method, and the Listening Guide (LG; Gilligan & Eddy, 2017) as a supplemental component method. The DNOH and the LG are Indigenous and non-Indigenous methods, respectively, which use narrative (both) and poetry (LG; complete set

of poems in Appendix A) to tell the story of participants' relationships within the danza circle as a Native Hub. Also important is the use of narrative thematic analysis (NTA; Riessman, 2008)—used in this dissertation as a supplemental analytic strategy for the sole purpose of identifying story segments to be analyzed for the DNOH—discussed in further detail later in the chapter. The methodological approach I have chosen for this dissertation, much like the identities and experiences of the sample of the UDMC as well as their ancestors, speaks to the complex intersections of expression that weave together their powerful, nuanced stories.

Narrative Inquiry Theory. The origins of narrative inquiry begin with the definition of the word *narrative*—stories that “organize a sequence of events into a whole so that the significance of each event can be understood through its relation to that whole” (Elliott, 2005, p. 3). Likened to Martin Heidegger’s hermeneutic circle, the understanding of the whole sheds light on the understanding of the parts, which creates meaning. Aligned with Indigenous, relational worldviews, narrative inquiry uses the analysis of stories to explore meanings. Its use typically depends on the type of research question proposed (Wertz, Charmaz, McMullen, Josselson, Anderson & McSpadden, 2011). Narrative inquiries generate expression of temporal experiences or activities, by looking at both how past actions may impact past outcomes, and how future actions can be planned to meet future goals. Narrative, as storytelling, is also a primary medium of communication among many Indigenous nations and is an effective method by which to assess determinants of health (Rand, 2016).

Narrative inquiry goes beyond describing practice, to inform it, through developing a “storied description of a practice process carried out in a concrete life space” (Polkinghorne, 2010, p. 396). For example, this study conceptualizes participation in danza as a place-making intervention in order to explore the potential impacts of danza participation on future health-

related prevention goals. Narrative inquiry here does not aim merely to generalize through following a list of a priori theoretically driven procedures, but rather to vicariously explore deeper meanings and interrelationships of how danza was and is practiced, which in turn expands the reader's knowledge of how such practice may be transferrable to similar situations (Polkinghorne, 2010). As discussed previously in the Place, Culture, and Dance in Health Literature Review chapter, narrative inquiry also guides the literature review and generates new research questions, functioning as a tool with which to move beyond theme identification into analysis of the themes' interrelationships, to uncover more nuanced processes within the context of conceptual ideas (Wertz et al., 2011).

Narrative Inquiry Methodologies

Decolonizing Narratives of Health method. I use two primary narrative inquiry methods in this dissertation study. The first narrative inquiry method is the DNOH analytic framework, which I developed with inspiration from the Kaupapa (Māori: principles) Kōrero (Māori: to talk, narrative) narrative analysis method (Ware, Breheny, & Forster, 2018). The Kaupapa Kōrero is an Indigenous narrative method developed by Māori Indigenous researchers (Aotearoa/New Zealand) to collect, understand, and present Māori stories. It applies the use of genealogy as a relational, analytic framework by which participant stories are placed in relationship to their context across differing levels—from the personal, familial, cultural identity and engagement, and identity within society. These levels of narrative analysis in health function as culturally grounded, relational pathways through which to articulate health prevention and promotion (Murray, 2000; Ware et al., 2018).

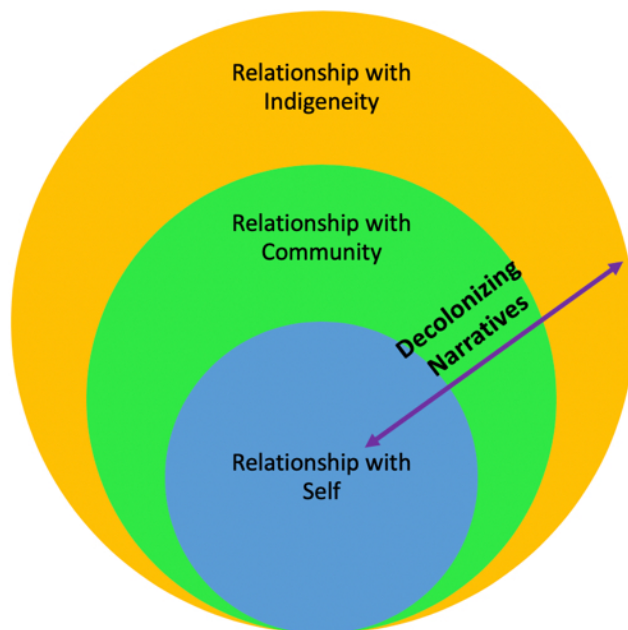


Figure 5.1: Decolonizing Narratives of Health analytic framework.

The DNOH analytic framework (Figure 5.1) represents a similar model of contextualized relationships that I developed, specific to the dissertation sample population, and nested within the danza as a Native Hub cell in Chapter 4, Figure 4.5. Though not genealogically based like the Kaupapa Kōrero method, it is informed by Danza Mexica epistemology (Colín, 2014) and is tailored to the worldviews of this particular sample of UDMC. This method goes beyond a descriptive account of participant stories. It delves into the complex and nuanced relationships within participants’ internal worlds (personal), between themselves and their danza community (communal), and between themselves and their overall Indigenous identity within society (Indigeneity)—contextualized within danza as a Native Hub. Using the DNOH framework aligns with the circular formation of danza, like a solar system within a universe, both a reflection of life and connection with Mother Earth. The transformative role of danza as a vehicle for decolonization can also be depicted through likening the DNOH to the structure of the danza circle. Each danzante is like a planet that strives to move in balance and duality with other danzantes within and across the circles, honoring *Ometeotl* (the Nahuatl word for “dual

energy;” also referred to as Higher Power, Great Spirit, or Creator/God, as dual female and male energies in one force to create life; sacred or divine duality) in word and action (Luna, 2012). The most novice dancers start on the outer rings of the circle and move closer to the center as they increase in knowledge, skills, and responsibilities within the danza community—similar to the process of UDMC strengthening or returning to their identities as Indigenous People through decolonizing narratives while simultaneously remaining grounded in their Indigenous identity within the larger society. Furthermore, the DNOH model demonstrates how knowledge, health, and decolonization is transmitted intergenerationally, through the danza circle structure, in that those danzantes closer to the center function like elders, or more experienced persons who help the novice danzantes grow in knowledge and responsibilities of their own Indigenous identity (Colín, 2014). No matter where danzantes find themselves within the actual Danza Mexica circle, or where individual narratives within this dissertation are located within the DNOH analytic framework, each person plays a unique and equally valuable role that helps the entire group function as a *calpulli*—like a family (Nahuatl notion of group; Luna, 2011, p. 119).

The Listening Guide method. The LG is the second narrative inquiry method used in this dissertation study. It is considered both a method and a methodology, “a way of working with a distinctive logic or epistemology” (Gilligan & Eddy, 2017). As a method of psychological analysis, it “draws on voice, resonance, and relationship as ports of entry into the human psyche,” and is “designed to open a way to discovery when discovery hinges on coming to know the inner world of another person” (Gilligan et al., 2003, p. 157). The LG originated with Carol Gilligan’s (1982) exploration of moral development and identity, and it developed into a systematic method in 1984 in response to increasing concerns about limiting qualitative analysis to current coding schemes and the dominant androcentric standpoint that “reifies and

perpetuates cultural stereotypes” (Gilligan, 2015, p. 70) in the psychological literature of that time (Gilligan, 2015). Freud’s, Breuer’s, and Piaget’s clinical methods were also influential due to their emphasis on following the interviewee’s lead as the central source of knowledge (Gilligan, 2015), as it illuminated associative logic and mental constructions. In addition, literary and musical theories influenced the LG’s focus on voice, resonance, counterpoint, and fugue within a feminist standpoint in an attempt to counter the potential for the researcher’s voice to dominate that of the participants (Gilligan, 2015; Gilligan et al., 2003).

The LG is aligned with Indigenous place/settings-based, relational, and cultural values through use of poetry as an arts-based method (Koelsch, 2015) and through recognition of participant voice as physically embodied and expressed through poetry as a data analytic strategy (Sorsoli & Tolman, 2008; Villanueva O’Driscoll & Loots, 2014). “A poetic display . . . forbids superficial attention by the analyst” and treats the interviewees’ data “seriously because a poem is something you engage with at a deep level,” as an “emotional statement” (Miles, Huberman, & Saldaña, 2014, p. 186). Gilligan et al. (2013) describe LG’s relational nature as an “inextricable” tie between the sense of self and our “relationships with others and with the cultures within which we live” (p. 157). Indigenous cultural and spiritual ties to place are a source of health and wellness, conceptualized as a metaphysical attachment, a “sacred thread” that connects Indigenous People to their ancestors and future generations (Watkins, 2001, p. 41). Given this unique and interdependent relationship, the importance of culturally grounded practices for Indigenous People (King, 2011), and LG’s allowance as a flexible research method (Petrovic, Lordly, Brigham, & Delaney, 2015) with interpretive license (Balan, 2005; Petrovic et al., 2015), LG’s use of poetry is theoretically aligned with the dissertation, serving as a relational tool for demonstrating how the danza circle is a Native Hub of health and wellness (Ramirez, 2007).

Mixed Methods Design

The analytic approach to this exploratory study is inductive and uses narrative as a form of qualitative mixed methods design (also called QUAL-*qual*). Whereas *mixed methods* is a term often employed to describe the use of both qualitative and quantitative methods within a single research study, a qualitative mixed methods design:

consists of one complete project (one study that may be published by itself) that includes an additional supplemental strategy that uses a different analytical technique and is not comprehensive enough to stand alone; that is, the supplemental strategy is only “complete,” or interpretable, within the context of the core component. (Morse, 2003; Morse & Niehaus, 2009, as cited in Morse & Cheek, 2014)

Using a qualitative mixed methods design allows for dynamic reflexivity, giving rise to a synergistic relationship between the core and supplemental components. This design enables the research study to be both responsive to and shaped by the research question throughout the project. Furthermore, it aligns with the overarching approach of this dissertation as Indigenous bricolage for the purpose of honoring Indigenous communities’ roles in shaping their own health and well-being.

In this dissertation study, the DNOH comprises my core component. It is preceded by NTA as a supplemental component that serves as a data analytic strategy for identifying stories for DNOH analysis. The DNOH is also succeeded by a poetic data analysis strategy (derived from the LG), for a total of two supplemental components (i.e., NTA and LG; Morse, 2010). I have depicted this approach in a diagram of concentric circles to show their nested yet sequential relationships—one for each analytic strategy, either the core or a supplemental component (Figure 5.2).

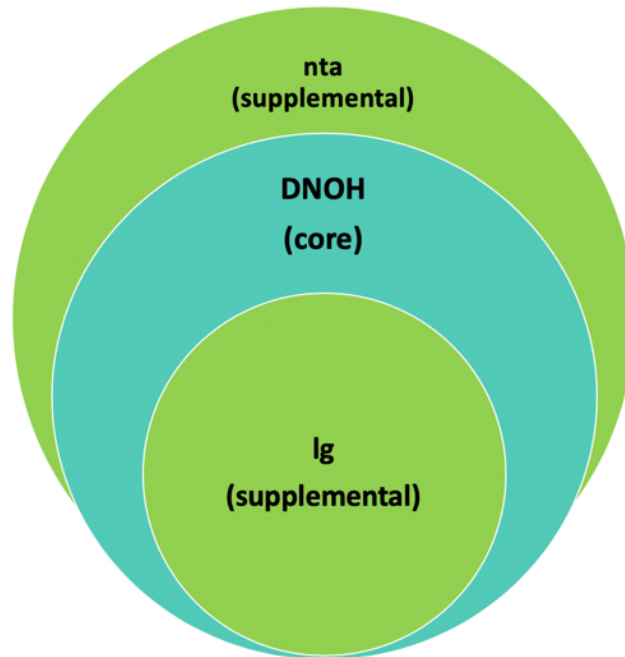


Figure 5.2: QUAL-*qual* mixed method design. *qual* (nta) + QUAL (DNOH) + *qual* (lg).

First, I use NTA (supplemental component; large green circle) to organize and select broad narratives that respond to the research question about place and cultural dance to be used as units of the DNOH analysis. Second, I use the DNOH (core component; middle teal circle) to conduct a more narrow, narrative analysis of the NTA narratives that align with the meaning of each layer of the DNOH, and within which each narrative is nested. The core component comprises the theoretical base from which the narratives are generated. I then used the DNOH narratives to conduct the sequential, supplemental LG poetic analytic strategy (supplemental component; innermost green circle). As a sequential supplemental component, the LG poetic analytic strategy is drawn from the core component to help increase the depth and scope of the analysis, “making the research richer and more useful” (Morse, 2010, p. 484) by eliciting “additional information or data that may be inaccessible if you are using a single method” (Morse, 2010, p. 487). In the figure, the DNOH and LG constitute the centerpiece of this dissertation analysis, whereas the NTA is a foundational, precedential analytic strategy for

narrative identification and the LG as a sequential analytic strategy used to produce expressive poetics of the data. Using these sequential, supplemental components adds an additional layer of analytical depth and insight into the DNOH core component narratives from each participant (Morse, 2010), manifested through poetic interpretations (Saldaña, 2011).

Using this multimethod approach not only illuminates contextual participant relationships with cultural dance, place, and health, but it also serves to “magnify the intensity of the affective experience” (Furman, Langer, Davis, Gallardo, & Kulkarni, 2007, p. 302) of the participants’ stories. These methods collaboratively expand, deepen, and strengthen the study as a whole (Morse & Cheek, 2014). Using such procedures from different methods strengthens the methodological integrity of this study, which will be explained in more detail later in the chapter (Levitt, Pomerville, Surace & Grabowski, 2017b). These analyses interface in the Results chapter (with the full LG analytic results located in Appendix A; Morse, 2010). The next section will explain each of these specific analytic strategies, derived from these narrative methods, in detailed, analytic steps.

Data Analytic Strategies

As an Indigenous bricoleur (Lee, 2009), I selected specific mixed qualitative data analytic strategies from narrative inquiry that honor the Indigenous relational worldviews of the storytellers. The specific analytic approach was to use NTA (Riessman, 2008) to identify key participant stories (grouped through coding, theming, and categorizing) from which to theorize responses to the research question. I then used DNOH to weave together stories identified in the NTA based on their relevance to each layer of the DNOH framework (i.e., relationship with self, danza community, and Indigeneity in the larger society) in order to help develop a more nuanced and complexly situated and culturally relevant analysis of their experiences in response to the

research question. With the results from the DNOH narrative analysis, I conducted poetic analyses using a modified version of the LG to create “I” and “we” poems in order to demonstrate the multiple “voices” of each participant within the same story. I concluded each of the nine narratives with an analysis that melded findings from the DNOH and LG methods together.

Narrative thematic analysis. I first use NTA as a way of organizing and making meaning from the data about the role of danza in participants’ relationships to place and health. The primary purpose of the NTA in this dissertation is to identify key participant stories relevant to the research question, in order to highlight and magnify each of the voices of all nine participants. NTA emphasizes data content—what participants say—with the intact story as the unit of analysis from which to theorize rather than smaller clusters of words or phrases (Lamarre & Rice, 2016; Riessman, 2008), through exploring the meanings within the stories as individual cases. NTA can accommodate the large amount of data generated through qualitative data collection, making it a strategic foundational step that provides narrative material from which each of the remaining analytic strategies draw. This NTA generates themed, categorized stories from participants’ narratives that draw on central concepts of the ISCM and highlight individual and collective meanings of UDMC experiences with health, place, and dance. These stories are the foundation for the DNOH analysis, as well as the LG analytic strategy. I followed these four steps to conduct the NTA:

Step 1: I listened to and read the interviews multiple times, in order to develop a deeper familiarity with all nine participants I had personally interviewed (two of which were co-interviewed). Such “overreading” helps look for implicit meanings within individual cases or

stories, through identifying repetitions, omissions, and incongruencies within the stories (Ayres, Kavanaugh, & Knafl, 2003).

Step 2: I uploaded the transcripts for coding in Dedoose, a cloud-based, qualitative data analysis software program. I used the literature review and Indigenized theories of stress, coping, and protective factors to guide a deductive approach, in order to generate broad, global themes from the stories (e.g., place, cultural dance, and health)—a technique called structural coding (Tolley, Ulin, Mack, Robinson, & Succop, 2016). To do this, I listened to and reread the interviews with my research question in mind and took notes on major story themes, identifying participant stories in blocks of text that contain key words, phrases, sentences, and paragraphs that mention danza, place, and health until I reached a saturation of story codes (Birch, 2011; Lamarre & Rice, 2016).

Step 3: I used an inductive approach, known as intermediate coding (Guest, MacQueen & Namey, 2012; Saldaña, 2009) or emergent coding (Tolley et al., 2016), to allow new and more specific story themes to emerge. This process helps avoid the researcher's imposition of ideas as well as supports the emergence of more specific and nuanced stories from the data (Tolley et al., 2016). This allowed me to engage in a deeper analysis of the relationships between codes and themes, as preparation for generating story categories (Guest, MacQueen, & Namey, 2012; Saldaña, 2009).

Step 4: I then analyzed the stories for prominence, overlap, and location in the participant's narrative, attending to similarities and differences within and across participant accounts (Lamarre & Rice, 2016). I used this iterative process to group themes into organized categories (Ayres et al., 2003).

Decolonizing Narratives of Health analysis. The NTA was a preparatory mechanism used to identify and organize stories with which to conduct a more nuanced analysis. Inspired by the Kaupapa Kōrero narrative analysis method, I developed the DNOH to collate the stories and integrate them into an analytical framework of layers of contextual relationships to examine these connections across levels for each participant. I followed five steps:

Step 1: I summarized background information for each participant to give context (Ware et al., 2018).

Step 2: From the stories identified in the narrative thematic analysis, I selected longer story segments to build a coherent and chronological depiction of the participant's overall story in response to the research question (Emden, 1998; Ware et al., 2018) and guided by the themed layers of the DNOH.

Step 3: I summarized my interpretation of the main points of each story (Ware et al., 2018).

Step 4: I used the DNOH analytical framework to guide placement of the stories within each layer of contextual relationships.

Step 5: I examined participants' stories within and across themes and patterns in order to illuminate deeper understandings of both their similar and discrepant individual and collective contextual experiences (Ayres et al., 2003; Ware et al., 2018). Ultimately, using the DNOH analysis produced a more nuanced, situated, and culturally relevant analysis of participants' multilevel experiences of the role of danza as a potential place and space for health (e.g., participants' health narratives within and across danza participation on a personal, communal, and societal level), as we will see in the Results chapter.

The Listening Guide poetic analysis. There are four steps that constitute a full LG method: (1) listening for the plot, (2) constructing “I” poems (e.g., “voice” poems such as “I” or “we” poems), (3) listening for contrapuntal voices, and (4) composing an analysis. While following these steps or “listenings,” the researcher must keep in mind the following four questions about voice as they listen to the multiple voices in a single person’s experience: (a) Who is speaking to whom? (b) In what body or physical space? (c) Telling what stories about relationship? and (d) In what society and cultural frameworks? (Gilligan & Eddy, 2017). In this dissertation study, I use a partial, modified version of the full LG analysis model in alignment with LG’s role as a supplemental, sequential component of the DNOH core component. Using the mixed qualitative methods framework, I applied the partial LG to the DNOH narratives in the core component. To do this, I conducted an LG poetic analysis on each of the nine DNOH participant narratives, integrating recognition of different participant voices in the final analysis. Conducting a full LG data analysis is labor intensive, demands a significant amount of time (L. M. Brown, 1997; Petrovic et al., 2015), and therefore is typically used with single case studies (Edwards & Weller, 2012; Villanueva O’Driscoll & Loots, 2014) and smaller samples (e.g. Balan, 2005; L. M. Brown, 1997; Davis, 2015; Kayser, Watson & Andrade, 2007; Koelsch, 2015; Petrovic et al., 2015). Thus, the LG has been used in various creative ways to suit the needs of diverse types of studies and research questions, and each step can be modified in accordance with findings in the research (Woodcock, 2016).

This dissertation study exemplifies how using such a partial, modified version of the LG method is an appropriate means by which to honor the multiple, individual and collective voices of participant narratives through poetic analysis. I have already essentially completed a similar analysis to steps 1 and 3 of the full 4-step LG method in the process of doing the NTA and

DNOH analyses. Step 1 seeks to identify principle themes while noting reflexive reactions (completed through using the NTA and DNOH). Step 3 seeks to highlight distinct (“contrapuntal”) voices that speak to the research question, and speak to their interrelationships (i.e. tensions and harmonies), which is summarized throughout the DNOH analysis and in the concluding DNOH and LG combined analysis at the end of each individual narrative. Thus, my modified, abbreviated version of the LG method will include applying steps 2 and 4 (labeled as steps 1 and 2, respectively) to the entire DNOH narrative, selected for their multivoiced representation of the participant’s place in the respective DNOH layer, for each of the nine participants:

Step 1: “I” and “we” poems. This step involves two rules: (a) identify each first-person “I” and “we,” as well as the verb and any additional significant words within the chosen text, and (b) ensure that the sequence of statements remain in order, with stanza breaks located where the “voice” changes direction, “or where a singer might pause for breath” (Gilligan & Eddy, 2017, p. 78). “I” poems listen for how the participants speak of themselves and are intended to capture underlying meanings that may be more easily overlooked or even “silent” in larger analyses of themes (Woodcock, 2016). “We” poems similarly listen for the participants’ “we” statements about their social relationships, similarly capturing their collective views of themselves in social relation with others (Davis, 2015). These statements are written in separate, sequential lines as poetry. For each narrative, I wrote both an “I” and “we” voice poems, simultaneously making notes to help inform the summary of the “listening” (Woodcock, 2016) for each story. I chose to include one of the two poems for each narrative that spoke most directly to the DNOH layer and the research question within which the narrative was placed, and I included both poems for each participant in their entirety in Appendix A, to be gifted to participants.

Step 2: Composing an analysis. This step culminates the within-case analysis of the DNOH and LG as the centerpiece of the dissertation analysis. I interpret the findings from the DNOH and step 1 of the LG (e.g., “I” and “we” poems) as evidence for the results of the analysis, with attention to the distinct voices and their interrelationships throughout the narrative, which summarize and conclude each participant’s overall story. I use the study research question to answer the following questions, interspersed in the summary analysis: “What have you learned about this question through this process and how have you come to know this? What is the evidence on which you are basing your interpretations?” (Gilligan & Eddy, 2017; Gilligan et al., 2003, p. 168). I selected either an “I” or “We” poem to represent each narrative in the Results chapter, depending upon which of the two was most pertinent to the research question within the context of its respective layer in the DNOH. The full set of “I” and “We” poems for each participant can be found in Appendix A, to be shared with each participant.

Methodological Integrity

Methodological integrity (MI) is an innovative, overarching conceptual framework that can be used to both ground and evaluate trustworthiness in qualitative research. It was developed with qualitative researchers’ input from diverse methodological approaches and was introduced by a task force of the Society for Qualitative Inquiry in Psychology; MI aims to improve research design and review procedures (Levitt et al., 2017b). MI goes beyond more typical frameworks for trustworthiness to develop a more inclusive and comprehensive process of research design and analysis that underpins complexity and diversity within the data. Integrity “depends upon adapting the procedures within a method so as to best enable the interpretive process” (Levitt, 2015, p. 456). It is based on research designs and procedures (e.g., mixed methods narrative) that support research goals (e.g., narrative exploration of the role of cultural dance in health). It

is also based on the recognition of a researcher's epistemological assumptions (e.g., Indigenous, relational ways of knowing) and is customized to the principal characteristics of the phenomenon and the researcher (e.g., narrative is a relevant tool for Indigenous researchers working with Indigenous populations, who privilege Indigenous ways of knowing via storytelling). Given the broad variety of qualitative research traditions and measures of trustworthiness that align with specific epistemological approaches to qualitative research, MI is designed to provide a more unified conceptual process to inform researchers' selection of specific procedures that support their choice of particular methods (Levitt, Motulsky, Wertz, Morrow, & Ponterotto, 2017a).

MI evaluates research via two primary processes designed to work in conjunction with each other throughout the research process: fidelity and utility. *Fidelity to the subject matter* refers to a process of strengthening relationships with the phenomenon within the researcher's theoretical traditions, and *utility in achieving its goals* refers to the researcher's process of choosing procedures that support meaningful findings to answer the research question—also in relation to the researcher's theoretical traditions. Fidelity aligns with Indigenous concepts of relationality in that it requires researchers to establish intimate connections with the research phenomenon, and that selection of methods should enhance these relationships. *Utility* refers to a process that informs and evaluates how researchers choose specific procedures to answer their research questions (Levitt et al., 2017a). The core focus of MI is the development process of integrity and coherence within the study's approach to processes of inquiry, research goals, data collection, and data analyses, rather than focusing on a single epistemology or method (Levitt et al., 2017b). It is involved with the process of selecting research questions, to how the analytic tools chosen can strengthen the achievement of research goals. Thus, throughout the data collection and analysis research process, I ask myself how I can make data analytic decisions that

strengthen (a) my understanding of, connection with, and portrayal of the participant’s stories (fidelity) and (b) my ability to answer my research questions (utility; Levitt et al., 2017a). As S. Wilson (2001) reminds us, we must answer to all our relations when doing research. We must remember research is our collective responsibility—we must envision all our relatives, and hear their voices that ask us, “Are you helping us?” (Kovach, 2005, p. 31).

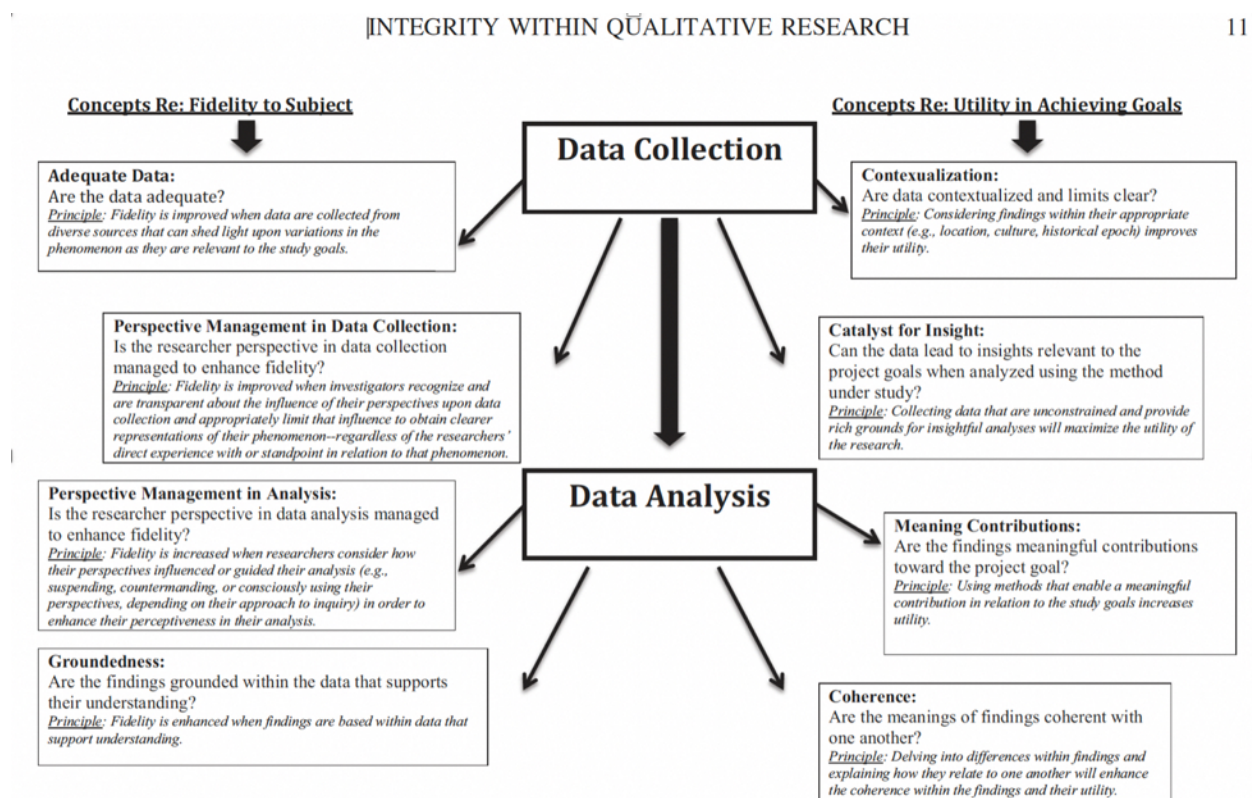


Figure 5.3: Flowchart to exemplify considerations of methodological integrity in research (Levitt et al., 2017a, p. 11).

With these questions of fidelity and utility throughout the process of data collection and analysis, I used the Integrity within Qualitative Research Framework (Figure 5.3; Levitt et al., 2017a) above as an organizational tool by which to evaluate the trustworthiness of this dissertation’s (a) data collection and (b) data analysis procedures. Concepts on the left of the data collection and data analysis boxes refer to fidelity to the subject, whereas concepts on the

right side refer to utility in achieving goals. Data collection is organized by four features, two of fidelity (adequate data and perspective management in data collection) and two of utility (contextualization and catalyst for the insight). Data analysis is also organized by four features, two of fidelity (perspective management in analysis and groundedness) and two of utility (meaning contributions and coherence). Because I did not design the parent study, I respond to the specific features of the data collection that are relevant to both my research assistant role in the parent study as well as my application of the features to the secondary data analysis process in writing this doctoral dissertation. The application of the MI model to this dissertation study's trustworthiness is depicted in Figure 5.4, which follows a structure similar to that of Figure 5.3.

Methodological Integrity: Dissertation Study

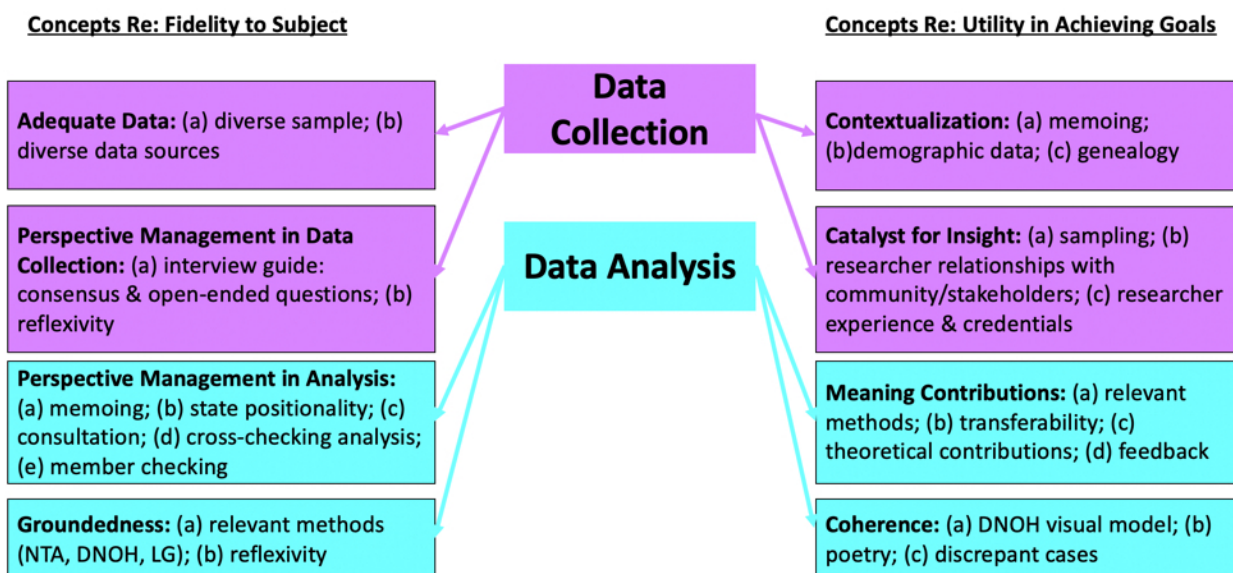


Figure 5.4: Flowchart of application of Figure 5.3 methodological integrity model to dissertation study (Levitt et al., 2017a, p. 11).

Data collection.

Adequate data. This feature promotes the use of diverse data sources to illuminate variation relevant to the study goals. This diversity derives from both the diverse backgrounds of

the sample participants themselves and the types of material data sources used in the analysis. Sample participants represented diverse Indigenous groups (four) from all across Mexico (including Mexica), genders, sexual orientations, ages, education levels, and preferred interview languages, as discussed earlier. Regarding diverse material data sources, I wrote up personal reflections of any internal observations, feelings, or thoughts that arose as I interviewed the participant, as well as any observations of the participant's setting, words, or actions following each of the interviews I conducted. In addition, participants completed a demographic information form that asked their gender, age, marital status, education level, employment status, employer type, type of housing, whether or not they identified as Mexican or Latino (with space to write in their family's place of origin), and whether or not they identify as Indigenous (with a space to write in their Indigenous heritage; see Appendix C for English and Spanish demographic information forms). These three elements—the qualitative interviews, the personal reflection memos, and the demographic data—compose a diverse set of data sources from which this secondary analysis is derived (Levitt et al., 2017a).

Perspective management in data collection. This feature addresses the study's fidelity through the management of positionality and standpoint in the data collection process. As discussed at the beginning of this chapter, I contributed the place and health questions to the interview guide (see Appendix B for English and Spanish interview guides). The PI and CAB revised the questions to ensure appropriateness and relevancy to the study population. Participating in this process alone helped increase my awareness of the influence of my positionality and standpoint as an enrolled member of a federally recognized northern U.S. Indigenous nation. I came to understand this influence and its origins from my academic background and perspective—an insider in terms of my Indigeneity and recognition of

Indigenous relationships with land, place, and cultural dance in a general sense, yet an outsider in terms of the many potential complex, intersectional geographical, social, cultural, and political differences between my lived experience as a tribal person from the United States compared with those of the UDMC. In doing the interviews, I also noticed that some participants understood the questions, whereas I needed to rephrase the question for others. This awareness resulted in my conscious efforts to bracket, or recognize and set aside, my assumptions (Dwyer & Buckle, 2009) through reflective memoing and consultation with the PI. The interview guide itself is also structured to ensure credibility and reduce a researcher's influence through its use of open-ended questions (Tolley et al., 2016), including the last question, which inquires about what has not been asked in the interview guide to help assess for both the interviewer's influence and the comprehensiveness of the interview (Levitt, 2015; Levitt et al., 2017a).

Contextualization. This feature privileges the environment within which the findings are situated. I used reflective memoing to make note of the setting, process, and the participants within the larger context of the UDMC population during my interviews. In addition, I used findings from the demographic data form to both inform the context of the work and write a genealogy of UDMC, the Danza Mexica movement and community, because all participants are or were affiliated with this particular community of UDMC. The memos, the demographic data, and the genealogy were instrumental, because I later found context-bound patterns (e.g., danza participation in the United States as a common vehicle for connection or reconnection with Indigenous identity) when I conducted the analysis and findings—which strengthen the transferability of the findings to other contexts (Levitt et al., 2017a).

Catalyst for insight. This feature maximizes the utility of the data using the chosen method of analysis. The parent study used purposive, snowball sampling techniques to recruit

participants, all of whom were or had been connected to the Danza Mexica community. This helped increase the potential for gleaning in-depth insight from their perspectives. Furthermore, the PI and CAB maintain close interpersonal relationships within the larger Danza Mexica community, which provided cultural knowledge and facilitated access to the community. I am a licensed (independent) clinical social worker in two states (Wisconsin and Washington), with experience as a bilingual (English/Spanish) psychotherapist and am well-versed in relational interviewing (Josselson, 2013) skills with Indigenous, Latinx, and other marginalized communities. In addition, all three interviewers have personal connections and ancestral lineage from Mexico (Levitt et al., 2017a).

Data analysis.

Perspective management in analysis. This feature speaks to the study's fidelity through the management of the positionality and standpoint in the data analysis. I used situating self, or self-location (i.e., reflexivity; Kovach, 2009) to express my positionality and standpoint through memoing both while I interviewed participants and while I conducted the analysis. By stating my positionality and standpoint at the beginning of this chapter, I sought to highlight the context in which I engage in this research, in order to strengthen the transparency of my role and any potential biases I bring to the interpretive process (J.-A. Archibald, 2008; Kovach, 2009; Levitt, Creswell, Josselson, Bamberg, Frost, & Suarez-Orozco, 2018). I also explicitly point out my use of the ISCM (Walters et al., 2002) in order to practice transparency about how my theoretical orientation guides the analysis. Furthermore, I engaged in consultation with the PI and my dissertation committee throughout the process of the dissertation, checked for corroboration of codes among research study staff, and cross-checked the LG analysis with my dissertation cochair Dr. Walters. In order to ensure the data are available for member checking, all audio

recorded interviews were transcribed directly from the language in which they were recorded—Spanish interviews were transcribed in Spanish and then to English, whereas English interviews were directly transcribed to English. The overall data will be analyzed and presented to both the CAB and focus group members for member checking. These actions strengthen the dependability of the work and reduces risk of bias by the primary researcher (Levitt et al., 2017a; Tolley et al., 2016).

Groundedness. This feature supports fidelity through requiring that the findings be grounded in the data. NTA and the DNOH narrative analysis are the specific narrative methods used to identify and organize stories from the rich data for evaluation, and the LG is used to illuminate individual and collective participant voices through poetry and analysis. These methods privilege the participant's voice and present the data in both narrative and creative poetic forms that reinforce relationships and understanding between the reader and the participant. I continued to practice memoing and consultation for self-awareness as also important throughout this process (Levitt et al., 2017a).

Meaningful contributions. This feature undergirds utility through evaluating the findings for their meaningful support of the study's research aims. As with groundedness, using narrative methods results in findings that are accessible and meaningful to participants' voices and present the data in poetic form that allows for member checking and gifting of these accessible expressions of participant voices. This study may be transferable through detailed specifications of the setting, the research process, and the study population provided. It contributes to a theoretical framework for Indigenous place and health relationships that can be utilized and adapted by other populations. The findings provide new opportunities for theoretical expansion to look at how UDMC and potentially other transnational, urban Indigenous

populations develop, maintain, or re-create place relationships that can support health and well-being through engaging in cultural practices. The research team will also share final results with participants and the CAB to ensure accuracy and usefulness for this community (Levitt et al., 2017a).

Coherence. Finally, this feature aims to strengthen utility through examining the interrelationships between the findings and their coherence with one another. I apply this feature through using visual models of the DNOH analytic framework and through poetry to convey the complex relationships within and across findings. The three transgender/two-spirit participants' whose data were not included in the final analysis included some elements of discrepant cases (Maxwell, 2013), whose specific roles and relationships within the larger sample will be discussed in future publications. These elements of coherence account for how sample stories shape the results and conclusion of the analyses (Levitt et al., 2017a).

Methodological Integrity—Indigenized

Throughout the data collection and analysis process, I framed my relationship with the participants and their stories using J.-A. Archibald's (2008) seven principles of Indigenous Storywork: *respect, responsibility, reciprocity, reference, holism, interrelatedness, and synergy*. First of all, through collaborative consultation with a CAB and study participants, the community and their leadership played an active role to accurately develop representative and culturally congruent study questions with the research team, to *respect* and honor the participants' knowledge. In preparation and during each interview, as well as throughout the data analysis of each transcript, I smudged myself with sage or sweetgrass and grounded myself in prayer in order to practice spiritual *reverence* of the participant's knowledge and being. I recalled the wisdom shared by one of my elders and former social work professors, Dr. Christine Lowery,

over a decade ago. Each time I saw a client in my social work practice, she told me to recognize the spirit in each person and to let my spirit guide me as I worked with them. I showed *respect* to the interviewee and their stories through gaining trust, by first locating myself (J.-A. Archibald, 2008; Kovach, 2009) through explaining my relationship to the community prior to beginning the interview, expressing gratitude, listening deeply, and being careful to ensure their voice and cultural knowledge was recorded properly and safeguarded. I understood and committed to the *responsibility* I have to respectfully listen and learn from the interviewees and their stories as my teachers and to respectfully share teachings from their stories (honoring confidentiality) and wisdom with my current and future students. This teaching and learning relationship allowed me to practice *reciprocity*. Aside from the monetary incentive afforded by the parent study, I offered bottled water or almonds as a snack during the interview, and expressed gratitude throughout the interview for their time and wisdom (J.-A. Archibald, 2008).

Furthermore, I recognized the principle of *interrelatedness* in a number of ways: through identifying my own Indigenous background in relationship to the participant prior to each interview; through identifying the many interdependent relationships among place, cultural dance, and health in the participants' stories throughout the narrative thematic analysis; and by composing "I" and "we" poems as part of the analysis. The principle of *holism* binds together the spiritual, emotional, mental, and physical realms of a person, a family, a community, and a nation in relationship with all relatives on Mother Earth—a significant aspect that was present throughout the interviews and analysis. This *interrelatedness* and *holism*, expressed through the storywork, creates a *synergy*, comprising the story, its context, the way its told, and the listener, which gives meaning to these powerful stories as gifts. These principles indigenize the methodological approach to this study as an engaged, relational process of holistic meaning-

making. During the data analysis process, I applied the same principles to my relationship with the participants' stories, honoring the gifts of stories they shared with us. At the conclusion of the study, I will gift the participants with the poems I have composed, which they could choose to keep for themselves for personal reflection and/or share with family, friends, and community (J.-A. Archibald, 2008).

UDMC Sample Demographics

Although no data were collected on the languages spoken by participants, six chose to interview in Spanish and 3, in English (one participant occasionally used words in his Indigenous language). Several participants spoke using words from both languages before, during, and after the interviews. Of the dissertation sample interviews, participants were 18 and older (divided into younger [18-39] and older [40 & up] adult cohorts to add an additional layer of deidentification), and education levels ran from 0–8th grade to graduate and professional degrees. Of the 9, two did not provide a particular tribal heritage in the demographics questionnaire, and the remaining seven participants identified ancestry from four specific Indigenous groups (one of which was Mexica). These Indigenous groups have geographic origins across northern, central, and southern states of Mexico. In the demographics form, five participants self-identified as cisgender female, and four as cisgender male (Figure 5.3; one of the nine identified as two-spirit). I was the sole interviewer for 12 of the 21 parent study interviews, and cointerviewed an additional three participants for the parent study. Of the 9 dissertation interviews I analyzed for the dissertation study, I conducted seven of the interviews alone, and two with the PI (one of which was also cointerviewed by another research assistant).

Table 5.1: Demographics table of dissertation sample.

Demographic Area	Sample Characteristics (n = 9)
Age Cohorts	<ul style="list-style-type: none"> • Younger Adults: 18-39 (n = 5) • Older Adults: 40-60 (n = 4)
Genders	<ul style="list-style-type: none"> • Cisgender female (n = 5) • Cisgender male (n = 4)
Interview Languages	<ul style="list-style-type: none"> • Spanish (n = 6) • English (n = 3)
Education Levels	<ul style="list-style-type: none"> • 0-8th grade through graduate/professional degree
Indigenous Groups	<ul style="list-style-type: none"> • 4
Regions of Mexico	<ul style="list-style-type: none"> • 3 (northern, central, southern)

Conclusion

Ideally, research involving Indigenous People should be conducted by and for Indigenous People, and it should also be beneficial and aligned with cultural practices (Smith, 1999). I used both Indigenous and non-Indigenous analytical methods to achieve these ends, and Indigenous methodologies were determined by both the relationship between the method and paradigm as well as the method's alignment with Indigenous worldviews (Kovach, 2009). My deep engagement with and respect for the data from participants as individuals and as a collective align with the important role of relational, culturally grounded health practices for Indigenous People (King, 2011), which is demonstrated in the next chapter.

CHAPTER 6: RESULTS

This dissertation explores members of the urban Danza Mexica Community's (UDMC) perceptions of the role of participation in a Danza Mexica community as place-making in relationship to health and well-being. I used the Decolonizing Narratives of Health (DNOH) analytic framework (Figure 5.1) and the Listening Guide (LG; both discussed in the Methods chapter) as the core and supplemental components, respectively, that help guide the analysis and interpretation of the data. The DNOH model integrates participants' multilevel relationships within the context of self, the danza circle, and the larger Indigenous community. The model in its entirety represents the danza circle as a relational, socially constructed place—a Native Hub (Ramirez, 2007) in which participants' stories function as decolonizing narratives (represented by the left-right double arrow) of connectedness to self, others, and Indigeneity within the larger society—narratives that transmit Indigenous teachings of prevention and health promotion.

The three layers of relationships within the DNOH model—self, danza community, and Indigeneity— are inextricably linked through the concept of connectedness. *Connectedness*, as explained in the Theory chapter, refers to the interdependent well-being of self, family, community, and the natural environment (N. V. Mohatt et al., 2011) as well as the role the concept plays among Indigenous People in creating cultural places that are optimal for prevention and health promotion. This dissertation highlights this role for the UDMC as an urban, transnational diasporic community that sustains their overall connectedness to place—representing their ancestral origins and attachment to homelands—through participating in danza as a Native Hub. The first layer, relationship with self, narrates danza's role in place-making for participants' connectedness with their own emotional, mental, spiritual, and physical health. The second layer, relationship with the danza community, narrates danza's role in place-making through fostering health within the context of their connectedness to danza as a family or

community structure. The third layer, relationship with Indigeneity, narrates danza's place-making role for cultivating health within the context of connectedness to their identities as Indigenous People in relation to one another and other groups in the larger society. The left-right double arrow that crosses all three layers represents how participants use narrative as a tool with which to decolonize beliefs and practices surrounding prevention and health promotion, engaging in danza as a Native Hub that facilitates traditional health beliefs and practices, thereby "weakening the effects of colonialism" (Yellow Bird, 2012, p. 65). These layers are not mutually exclusive, in that participants often traverse within and across layers several times within a single story. However, I used the essence and meaning of each layer of the DNOH to help guide selection and analysis of relevant storylines within each participant narrative, treated as an individual case to be embedded in its respective layer—as described in the data analytic strategies section of Chapter 5.

In conducting my analysis, I anticipated that participants (Figure 6.1) would share stories of the multiple, complex ways that engaging in danza creates a transportable place of prevention and health promotion, a testament to their resilience and courage to engage in ongoing decolonization across multiple levels of the DNOH. My analysis generally confirmed this initial hypothesis, yet I could not have anticipated the depth and breadth of participants' nuanced, diverse experiences and the resulting implications for their health and well-being. This analysis revealed complex diversity within and across participant experiences, as well as innovative approaches recommended by participants to help further strengthen danza as an interventive space for decolonization, prevention, and health promotion among UDMC.

Throughout these stories, participants engage both individually and collectively in a process of decolonization, which is often intersectional, complex, challenging, and yet laden with

profound love and support. After conducting my in-depth analysis of all interviews, I found an overarching theme of danza as a Native Hub (see Theory chapter), a place wherein narrative is used to decolonize conceptions of identity, health, and well-being through fostering a connection to traditional teachings encompassed within their Indigenous identities. Within danza as a Native Hub, are specific subthemes embedded within layers of the DNOH that illuminate the pathways through which participants achieve the overarching theme. Subthemes that arose across narratives embedded within DNOH layers related to spiritual, mental, physical, and behavioral health and well-being, sense of family and belonging, community education and advocacy, and Indigenous identity and solidarity. Decolonizing colonially imposed beliefs and practices surrounding these themes is crucial to preventing risk and promoting Indigenous health.

Whereas all participants' interviews in their entirety fluidly moved across the three layers, some of the stories within the interview foregrounded a particularly salient essence specific to one of the three layers. My data analytic approach guided the selection, placement, and interpretation of these particular, salient stories within each participant's narrative. Each participant's story was treated as a case within a particular layer, in alignment with the methodological design, which favors lengthier excerpts over more brief, fragmented excerpts, in order to better preserve interpretive essence and serve as appropriate units of analysis for all three components of the mixed method design (e.g., Lamarre & Rice, 2016; Riessman, 2008; Villanueva O'Driscoll & Loots, 2014; Ware et al. 2018). Throughout this process, I remained mindful of Daniel's teachings about the fluid, interchanging roles of danzantes within the circle, how they move in balance and support of one another, representing this throughout the entire interview and well beyond this cross-sectional snapshot of their lives:

[Y]ou can see that with birds . . . they'll switch leaders, and that's how we have in danza. There's always that one person who's leading in the danza . . . the ones who are pretty

much carrying the whole weight of everybody; and everyone . . . relies on them, and he kind of carries the flow. So the danza, it keeps a lot of people healthy, not just because it's a physical thing, but also because it creates like a form of like unison, and people can like gather around.

Marisol also reflects on how danza works like a family, and danzantes play multiple roles to keep balance within the group, just as in the danza circle itself: “we are a *calpulli*, a family. Even when children come from the same father and mother, each one is different, has their own talents, their abilities, and they share them to maintain the wisdom of the family.” Indeed, these brief stories cannot do justice to the depth and richness in each interview, nor in each participant's life, yet they do provide powerful insight into the essence of each layer within the DNOH and illuminate their interrelationships.

The Narrative Interpretations section is organized according to the three DNOH levels. Within the Relationship With Self layer are Daniel's, Bernardo's, and Pablo's stories. Within the Relationship With the Danza Community layer are Marisol's, Nayeli's, and Cecilia's stories. Within the final layer, Relationship With Indigeneity, are Josefina's, Serena's, and Carlos's stories. Each individual's narrative concludes with a brief summary analysis of the narrative and a LG “voice” (“I” or “we”) poem. A summary of all narratives concludes the chapter.

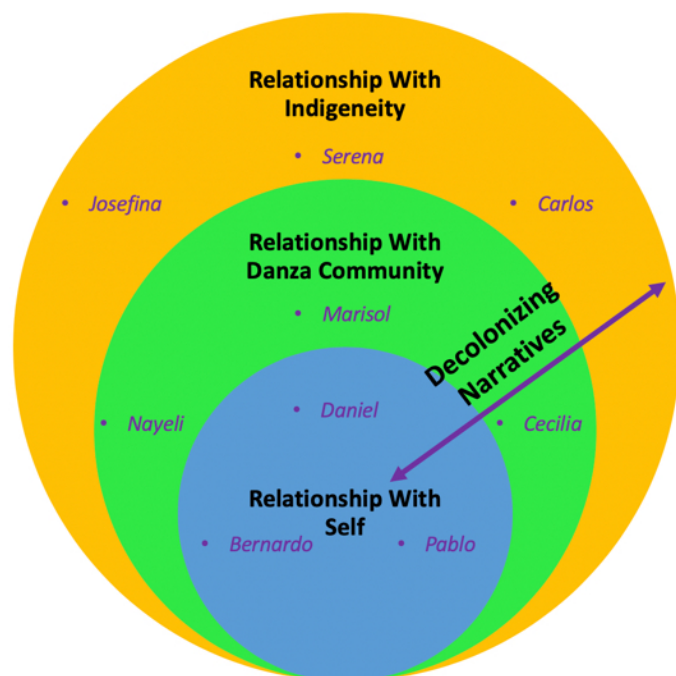


Figure 6.1: Decolonizing Narratives of Health analytic framework: placement of participant narratives.

Narrative Interpretations

Layer 1: Relationship with self: “It sets a blueprint for you.” Daniel, Bernardo, and Pablo tell the story of their own personal journeys of courage in confronting depression and anxiety, physical pain, addiction, and both internalized oppression and discrimination based on race. Each of their narratives portrays danza as a space of healing whose teachings provide a blueprint for navigating their specific life challenges. Daniel, Bernardo, and Pablo speak of embracing their Indigenous identities and unique roles within the *calpulli* (Nahuatl notion of group; Luna, 2011), embodying the teachings of their own stories in order to honor their ancestors through self-love as well as through dedication to preventing illness and promoting health among future generations. Wherever they go, and whatever borders they cross, they carry their Indigenous identities “inside”—their Native Hubs are within.

Daniel. Daniel identifies as a younger adult male. His story frames danza as a spiritual journey that provides a pathway through which members of the UDMC can find healing from mental stress through spirituality, by sharing their stories in the danza circle, and by embracing their Indigenous identities. Daniel describes danza as a personal “outlet” through which to find his “inner peace,” rooted in ancestral origins.

You could go to danza and you can dance; and during that time . . . you can do some self-reflection . . . exclude yourself from the outside world and just find a connection with yourself . . . when I’m trying to find a connection with myself or . . . talk to myself and just understand myself, I don’t know if that’s praying, but to me that’s what it feels like other people would do . . . they have a conversation with themselves . . . they’re optimistic for a goal or for something that they want to obtain, and they concentrate all of their energy in order for that to happen. I feel like people use these tools and they’re the same tool, but they just have a different word for it. Maybe like when you get water, you may have it in a liquid form or you may have it in a solid form or you may have it in a form of a gas, but at the end of the day, it’s still like H₂O. And it serves the same purpose; it’s gonna replenish you, it’s going to keep you hydrated. I feel like that’s what danza is. It’s just another outlet for people to feel at peace with themselves. . . . You could do that with going to church, or . . . a temple. The differences is our ancestors.

Daniel’s narrative likens danza’s collective, energetic balance to that found among animal relatives, such as birds. It “keeps a lot of people healthy,” not just physically but also spiritually. For danzantes, he claims, danza’s teachings give a blueprint for a healthy, balanced life:

. . . when we’re like in danza, it’s really healthy . . . danzantes, they sing before they dance . . . it expands your lungs . . . when you’re doing the danza and you’re doing something in unison, it creates less like physical like wear and tear . . . the way that’s healthy is because . . . whenever you want to be in touch with a certain person or a certain task, you have to keep things in order . . . break things down. And that’s what happens in danza . . . you break things into flowers, and then you break it down into the base . . . it sets a blueprint for you to carry on those things through your everyday life.

Daniel’s story exemplifies that narrative is an essential, therapeutic centerpiece that helps balance the spirits of those within the danza circle. He explains the practice of using *palabra* (word) in danza as an expressive outlet through which to find support for mental health:

When we finish . . . we give everybody the opportunity to speak. And it's not always about like physical health and like . . . what you eat . . . but a lot of it also has to do with like mental health . . . one of the things that we focus on the most, is people being like mentally healthy, because there will be times where someone will feel like they want to give up; and so our group really focuses on trying to help them out . . . whether it be an elder or someone who has a high position that can help them out and talk to them. And so, when it comes to mental health, I think that danza is a very big pillar to my community. . . . I feel like my group, they have more of an impact when it comes to like the mental health of people.

Although Daniel is far from his homelands in Mexico, he speaks of feeling a “spiritual,” “subconscious” connection when he hears the drums and sees danzantes dancing in their regalia, awakening his relationship to his ancestral roots.

I don't know how to explain it . . . maybe like a spiritual connection . . . when you hear the drums . . . see people dance . . . see these regalias . . . they call to you; and . . . there's a sense of pride that you get. . . . You don't know where it comes from; . . . It's just something that's in you . . . when I saw that, I automatically felt like a connection. It just felt normal . . . natural. . . . You don't know who they are, you may not have ever seen these things before, you may have never heard these sounds . . . but you know that you are related . . . to these things.

Daniel's narrative speaks to the role of spirituality in danza as a Native Hub to heal, transform, and empower oneself. Such spiritual teachings provide a guide for living a healthy life. According to Daniel, the spiritual consciousness danza brings connects him not only with a sense of purpose and identity, but also strengthens his connections with his Indigenous community. His “I” poem below reflects on the connectedness that his involvement in danza provides, as well as its role in cultivating a positive space for mental health and well-being:

Daniel's “I” Poem

I'm trying to find a connection
 I'm trying to talk to myself and just understand myself
 I don't know if that's praying
 I feel like people use these tools
 I feel like that's what danza is

I think when we're like in danza, it's really healthy

I think that danza is a very big pillar

I feel like my group, they have more of an impact when it comes to like the mental health of people

I don't know how to explain it

[When] I saw that

I automatically felt like a connection

Bernardo. Bernardo identifies as an older adult male. His story exemplifies the power of danza as a decolonizing Native Hub wherein he learns Indigenous teachings that his mother forbid during his childhood, giving him spiritual strength to overcome addiction, regain a sense of self-worth and trust in others and a sense of purpose as a model for future generations of youth. Bernardo recalls watching danzantes as a child and feeling drawn to them, despite his mother's rejection of them due to the family's Christian faith. When he came to the United States, he became involved in danza, where he learned to embrace his Indigeneity, with a new consciousness and understanding of the connection he felt as a child:

[in] the main plaza there are dancers, and I remember that my mother used to take me there when I was small. We were Christians, no? She would tell me, "Don't breathe that copal, they are doing despicable, indecent things." But there was always something inside you, and the copal medicine calls to you, it is something magical. These days I don't judge my mother. I can tell you that that was the extent of her understanding. But what I am living now, I know about these concepts, all the beautiful parts of the culture, the significance of the traditions and of our medicine, and it is something so beautiful, and I think that now or one day I will return and I will see all those places and all those beautiful things that we have. It will be different, to have this connection with the traditions.

Bernardo, now a dedicated member of a danza circle himself, shares that engaging in danza on a weekly basis strengthens his spirit to handle the stressors of daily life. He reflects on the importance of his own wellness in being able to support loved ones both in the United States and Mexico:

Danza has also helped me quite a bit, it gives me spiritual strength. I have to go and dance, to breathe the copal which is medicine for us, to sweat, to give an offering, give your effort and this connection, with the Creator, that which gives you spirit. Asking for blessings to begin the week right, for our people that are over there, and those that are here. When people depend on you, you have to be strong and take care of yourself.

Danza is a holistic, healthy space, according to Bernardo. It has “helped me to give up alcohol, drugs, to put into practice the knowledge of what to do with our lives,” and helped him learn “how to live”:

. . . sometimes the emotional problems that are most difficult. I was tired . . . but when I heard the drums . . . it is part of the motivation, I arrived at my safe door. . . . I can feel things differently, for example, when you use drugs, you feel like you are worthless. . . . But when you begin to detoxify your body . . . you recuperate . . .to revive your trust in people . . . to believe in something . . . this type of health, this type of group . . . this is what many people want. . . . In my personal case, it is to return to feeling that you are alive, that you begin to act like a human being again.

He shares that his motivations are driven by his passion for intergenerational healing—passing on the wisdom from his experiences in recovery to youth, and equally being inspired and motivated by them:

I will never stop learning. Like the youth, we learn from them. Perhaps, we have the experience, but the youth have motivation and strength. . . . That motivates us. You have to share . . . maybe we have made a lot of errors in our past, but we can also fix these so that the youth don’t commit the same errors, no?

Bernardo’s narrative reflects how danza brings awareness of his own Indigenous identity—something he observes attracts others with similar ancestry as well. His connection with his Indigeneity helps him recognize his and his peoples’ resilience passed down from their Indigenous ancestors.

And it is beautiful to see this . . . you go and you dance . . . you also look nice with your regalia, but you see the happiness . . . especially the people that are of my culture and don’t know that much about our culture, like those that are born here, their parents are Mexican. . . . This is what we are, we can deny other things, but just look at it. For example, one grandfather in a teepee, he put his feather and he said, this is to show the children that we are here so that they see us and they remember this. That we still exist and we are not dead, and that things are like this and we have lived them.

Bernardo’s story serves as a testament to resilience and strength in healing oneself in order to be a healing force for others. He credits danza for playing a crucial role as a Native Hub

wherein he has overcome addiction and wherein he came to embrace his own Indigeneity. The passion he expresses for the role danza has played as a place of healing in his own life translates into dedication to promoting health and pride in Indigenous identity among youth and others within in his community. Bernardo’s words embody this mission for his people: “I keep identifying myself as a Mexican and as an Indigenous . . . wherever I go . . . I have it inside of me.” Danza as a Native Hub is the place wherein his reconnection with ancestral origins is cultivated—regardless of where he goes. Bernardo’s “we” poem speaks to his journey as a collective healing journey that is a testament to Indigenous resilience for future generations:

Bernardo’s “We” Poem

We were Christians, no?
[All those beautiful things that] we have

We learn from them
We have the experience
We have made a lot of errors in our past
We can also fix these so that the youth don’t commit the same errors, no?

[This is what] we are,
We can deny other things, but just look at it
[Show the children that] we are here so that they see us
We still exist
We are not dead
[Things are like this and] we have lived them.

Pablo. Pablo is an older adult male. Like Bernardo, his story exemplifies the power of danza as a Native Hub wherein he also has learned to cope with mental and physical health challenges and has overcome addiction through learning traditional teachings about staying healthy, and embracing his Indigenous roots, which give him hope for the future. He reflects on the initiation of his healing journey with family in Mexico and his danza family after he arrived in the United States:

I had a threat to my health, emotionally . . . I began to suffer from anxiety attacks. It was when I told the doctor that I . . . I began to live with these anxieties, I sought out someone who could listen to me, because I had a lot of things going on . . . and I entered into a depression. And my [specific family members] helped me so much . . . speaking with me. They took care of everything. I started going to see psychologists, and I learned a lot from them. . . . I was going to therapy daily . . . and this was when they told me about [support group for addictions] . . . and they helped me a lot. . . . I began to take out all of my frustrations . . . and my anxieties began to lessen, and so did my blood pressure. I came here, and I had this depression, and through danza . . . I have learned how to endure it.

Pablo's story outlines how danza has rooted him in his Indigenous identity. Indigenous people and their identities were and continue to be oppressed and often denied due to centuries of racism in Mexico, years during which many traditions were maintained in part through religious syncretism. He speaks of danza participation as giving him a sense of belonging, rooted in his ancestors' traditions, which he passes on to future generations—something he believes is carried inside.

I feel awful that in my country, because there is racism there as well, there are women who wear traditional dress . . . they say Marias,⁵ these people are . . . our roots! . . . it makes me sad. . . . I see that these are my roots, the roots of my children, roots of my parents . . . when I was a child they taught us many things, like the traditions of Day of the Dead . . . the day of Coatlicue . . . the day of the Virgin of Guadalupe but in reality the Indigenous celebrate that of Coatlicue . . . my [specific family member] . . . he is a Christian . . . he says to me, it isn't that God. . . . I tell him, you dress God like that, you see him like that? I see him covered in feathers . . . he is the one I have faith in. But in the end it is the same . . . we are Indigenous, [specific family member]. We are all from our race, our people, probably not 100% but we are of this, we descend from this. These are my roots, my culture, and my [younger family members']. . . . And when I began [dancing] . . . it's 4 hours, and I didn't feel it, and it's over and when we finish dancing and that's when I felt my legs . . . we are going to carry on. . . . I believe that we carry it in our genes, it's something that one has inside.

Grounded in his culture, Pablo talks about the traditional teachings and holistic health benefits of danza participation that make his pain “vanish.”

⁵ “*La India Maria*” (Indian Mary) was the name of a female character in 1970s Mexican entertainment who portrayed a racist parody of an Indigenous woman. “Maria” is colloquially used in Mexico as a racial epithet toward Indigenous women (Morales, 2019).

[F]or us it is medicine. We should be eating well first because we have to be healthy, this is the base of everything. . . . And after this, we utilize danza . . . when we are physically unwell, we use traditional medicine . . . but we also utilize the spirit of the Creator. . . . We ask that he help us with danza, if we are physically unwell . . . the medicine enters through the spiritual, and it enters through the physical. But before all of this we ask the spirit . . . we arrive with pain, and when we are dancing it all vanishes.

Through involvement in danza, Pablo's story testifies to the fulfillment of the prophecy of the Eagle and the Condor—of healing and unity between Indigenous relatives north and south of colonial borders within the Americas. He claims that hearing the music of danza and the Nahuatl language spoken gives him a visceral feeling that inspires hope in the future of his people.

There were not borders before. I believe that for God there are no borders . . . from Patagonia to the North Pole . . . for us it was one land . . . we look for this in my community. . . . There is a prophecy that says that the Condor and the Eagle will rise. The Condor from the south and the Eagle from the north . . . they will unite, and I think this is happening. . . . Now the . . . Indigenous of this country, with all of the Indigenous from my country gather, and I go to the pow-wows and I have heard songs that I like, I was hearing them in Mexico and I was hearing them here, their language with Nahuatl, which is our language, and I have heard them . . . when I hear it I feel something in my little heart. I feel that this is something in the [*words unclear*], the drum, I feel that every time they hit the little *sonajas* . . . it is something that is my passion. I have faith that this can change.

Pablo's narrative tells the story of how he has learned to become a healthier person and embrace his Indigenous roots, through danza. Since his arrival to the United States, he explains that danza has provided a healing and empowering Native Hub wherein he finds holistic "medicine" to support his recovery from addiction and physical and mental health conditions. His story reflects how he finds empowerment as an advocate for health among his community, and hope in his community's reconnection with their Indigenous identities and their solidarity with other Indigenous People across the Americas. Pablo's "I" poem summarizes danza's role as a place for healing on his life's journey—from overcoming personal traumas to embracing his role in strengthening Indigenous identity and solidarity:

Pablo's "I" Poem

I had a threat to my health
 I began to suffer from anxiety attacks
 I told the doctor that I . . .
 I began to live with these anxieties
 I sought out someone who could listen to me
 I had a lot of things going on
 I entered into a depression
 I started going to see psychologists
 I learned a lot
 I was going to therapy daily
 I began to take out all of my frustrations
 I came here
 I had this depression
 I have learned how to endure it

I feel awful
 I see that these are my roots
 [When] I was a child they taught us many things
 I tell him
 I see him covered in feathers
 I see my God covered in feathers
 I have faith
 [When] I began [dancing]
 I don't know
 I didn't feel it
 I felt my legs
 I believe

I believe that for God there are no borders for the spirit
 I think this is happening
 I go to the pow-wows
 I have heard songs that I like
 I was hearing them in Mexico
 I was hearing them here
 I have heard them
 I hear it
 I feel something in my little heart
 I feel that this is something
 I feel that every time they hit the little sonajas
 I have faith that this can change

Layer 2: Relationships with danza community: "We take care of each other."

Marisol, Nayeli, and Cecilia tell the story of danza as a Native Hub that fosters a sense of family,

a *calpulli* through which they give and receive social support to face health challenges, addiction, and emotional stress. Each of these participants traverses unique and challenging territory as they both seek and create a sense of belonging within (and at times beyond) the danza community. Within this support system, participants share their knowledge, skills and advocacy in risk prevention and health promotion, making the danza *calpulli* into a place from which “warriors”—young and old—can emerge.

Marisol. Marisol identifies as an older adult female. Her story reflects the central role of family that danza as a Native Hub creates, and the role of advocacy and outreach in creating community. She explains how the sense of family connectedness cultivated within danza can create a sense of belonging, purpose, and identity that can help danzantes overcome addiction and mental illness and promote physical and mental wellness:

[D]rugs and alcohol, I see those to be two of the problems that most affect the community . . . the benefits of belonging to a group, a *calpulli*, a family, to transform their lives and leave behind alcohol and drugs, to have a purpose in life and identify with knowing where you come from, knowing that you have a past and that you have a group that has your back and makes you feel that you have a future. Mental illnesses, many of them come . . . from the loss of one’s life purpose . . . if we don’t feel that we belong to something, to a group or a family through which we know our history, we are going to feel more alone. I feel that in the danza group, the *calpulli*, this is what has provided physical support to recuperate from drug use, physical through exercise, and . . . emotional . . . by belonging to a danza group and practicing gives you energy, gives you physical and emotional health to keep ourselves away from the things that harm us like drugs and alcohol, it is that connection. This combination of benefits and of nourishment, together can better your life.

Marisol emphasizes the important role of advocacy for prevention of health risks, through passing on traditional knowledge and health practices to young people as the “seeds” of the future.

...prevention, doing the labor to inform . . . we have kids in the danza group, we have teenagers . . . there are many young people. And that is our objective, the power of transmitting this knowledge, these practices to the new generations. That they are the seeds . . . they are the future.

Marisol and her fellow *danzantes* provide outreach to the Mexican-origin community, expanding *danza* as a Native Hub to welcome others beyond their circle. At community events, they present as a family, sharing messages of prevention and health promotion, awakening consciousness and pride in Indigenous identity through connectedness to one another in their common ancestral roots. Marisol's description of the group's message emphasizes the key role that *danza* plays as a protective factor from stressors—a Native Hub through which connections to community, homelands, and identity are maintained wherever they go.

[W]hen we give presentations, as a group, as a community, as a *calpulli*, what we bring isn't just *danza*, to the schools, the community events, what we bring . . . is . . . the image of *danza* and what the culture is. And it makes them feel . . . that you are not alone. That they have this identity that even though they are living here in this country, they see themselves reflected in the *danza* group, their past, the family that they left in their countries, or in Mexico. . . . That even though they are far from their country, they can as a community keep recovering their values and traditions . . . medicine, the food, the traditions as well as the culture. That they can keep maintaining the unity of the community . . . this has always been the message that the group brings . . . to the children in the schools that suffer from bullying, that suffer from discrimination, that they see that the culture of their family, of their parents and grandparents, with this traditional garb, this coordination and these dances, it gives them, it awakens their pride. Which is to say they are my culture, or the culture of my father or mother or my grandparents. It is this connection that awakens them. . . . I belong to this community, I belong to this town, to this culture, to this tradition.

Belonging extends beyond collective gatherings. For those who cannot attend a *danza* circle, Marisol describes *danza* as transportable a Native Hub: “And if you are not able to go to *danza*, you have your altar in your home . . . all of this heals you.” Marisol's story portrays that connection to *danza* as a Native Hub can be expansive, fluid and flexible beyond the *danza* circle itself, to the home or community, facilitating a commitment to caring for self and community no matter where one goes: “is healing, it is medicine.” Ultimately, Marisol's story is an example of how Native Hubs can help participants stay connected to spiritual well-being no matter where

they are, through sharing its healing message of belonging with all IPM and their descendants—the “seeds” and “future” of her community:

Marisol’s “We” Poem
<p>[If] we don’t feel We belong to something We know our history We are going to feel more alone</p> <p>We have kids in the danza group We have teenagers</p> <p>[When] we give presentations [What] we bring isn’t just danza [What] we bring...is...the image of danza and what the culture is</p>

Nayeli. Nayeli is a younger adult woman. Her story exemplifies how danza is an ideal Native Hub for fostering a sense of *calpulli* (family), especially for youth. Within danza, she shares her journey of reconnecting with and embracing her Indigenous heritage, giving her a sense of belonging that serves as a platform for building coping strategies for stress management, and for sharing ideas about prevention and health promotion among youth. Her story begins with her search for positive community with which to connect, as part of her motivation to join danza:

Try to stay away from negativity is what I’ve also done. I feel like that’s part of the reason what led me to danza. . . . I pretty much dedicated my life . . . to the dance group. . . . Through the teachings . . . sweats and through the knowledge, I learned how to cope with myself, and with the things that are thrown my way.

Nayeli speaks of how these teachings awakened her understanding of her own history and sense of pride as an Indigenous person, beyond a nationalist Mexican identity.

When I joined danza group, I started to realize that there’s more than just being Mexican. Like Mexicans are made up of like all these Indigenous tribes . . . and we have some Spanish in our system as well. I started to learn more about like the tribes from where my own family’s from. I learned that [my parents’ tribe] was just like one of the sacredest groups here. And over time like when people ask like what I am, I tell them

that I'm Indigenous from Mexico; and then they question, because they haven't really heard anybody say that. And I tell them that my Mom is an Indigenous from this certain place, and this is her tribe; and then this is what they do. They're known for their beadwork, for the medicine, and my Dad is from [a different place].

Nayeli shares creative ideas for how her *calpulli* can facilitate dialogue on a number of health-related issues, through intergenerational communication. She suggests one-on-one mentorship and advocacy, from older to younger *danzantes*, regarding such "sensitive subjects" related to health. For example, if she is "having this issue and I needed someone to take me to a clinic, they could take me. They might want to sit me down in front of my mom and talk about it, but they'll always take me."

For AOD and HIV education specifically, Nayeli gives specific recommendations for organizing small groups or one-on-one meetings, which has been helpful for her, in facilitating more effective communication and support:

[M]aybe they have questions that they don't really have answered. Say we're like after practice. We can sit down and like whatever's on their mind, we can then talk about; and, say they're having an issue drinking, we could tell them like what it is going to lead to, what could potentially happen . . . what the alcohol is actually meant for . . . like the spiritual meanings behind it.

Nayeli also expresses her belief that leaders should be educated about other health-related topics like mental and health and interpersonal violence:

It could just be any topic . . . spiritual needs, substance abuse maybe, they're in a[n] abusive relationship, they're . . . maybe it's like me that I need emotional support, they can then tell me why I'm feeling a certain way. They can find out the reasons what triggered it, and help me come out of it.

Not only does Nayeli's narrative reflect how her pride and resilience have been nurtured within her *calpulli*—inspiring her leadership in health prevention—but she has also learned she is part of a much larger family of Indigenous People. She shares her joy in building relationships with U.S. Indigenous groups that both broaden her familial network of support:

We usually do *intercambios* . . . which are like exchanges with one another. . . . So like when we get invited to pow-wows, I usually . . . offer a dance with each other; so we'll be in our regalia, and they'll be in their regalia, and we'll both dance [with] one another. . . side by side, which is really nice. And we'll exchange like prayers, or words . . . and . . . gifts.

Nayeli's story demonstrates how danza as a Native Hub on the community level has provided her with not only a sense of belonging within her individual *calpulli*, but also within the larger Indigenous community. Within the positive, familial, space of the danza circle, she learns about her history, culture, and coping skills that help her achieve her goals, as well as to share her ideas about prevention for youth. Grounded in her Indigenous identity with the support of her *calpulli*, Nayeli's story exemplifies how danza is a Native Hub for fostering leadership. Her "I" poem speaks to her journey of defining her own identity in relationship to her Indigenous family:

Nayeli's "I" Poem

[Try to stay away from negativity is what] I've also done
I feel like that's part of the reason what led me to danza
I pretty much dedicated my life
I learned how to cope with myself

[When] I joined danza group
I started to realize
I started to learn more
I learned
I am
I tell them
[That] I'm indigenous from Mexico

[If] I needed someone to take me to the clinic, they could take me

I need emotional support
I'm feeling a certain way

I usually like offer a dance

Cecilia. Cecilia identifies as an older adult woman. Her narrative speaks of the familial space that danza provides as a Native Hub wherein she plays a role as a protector, nurturer, and

healer in educating young “warriors” to avoid substance abuse and gang involvement and mentors them toward health leadership. To facilitate this positive space for healing and growth, Cecilia explains her sense of responsibility as a role model, “pure of my mind and of my heart,” through choosing to not use alcohol and pursuing spiritual growth—in alignment with her danza circle’s values as “a spiritual group.”

The moment we enter the room to begin our dance, it helps us not only emotionally, physically, because . . . it is work. I change my clothing with respect, because there is so much respect in the work that we do, it is to arrive with a clean body, no alcohol, no drugs, this is one of the responsibilities of each individual. . . . There is no perfection, there are always small problems and when we encounter someone that arrives hung over or arrives smelling like alcohol . . . if you arrive like this, you’re not respecting any of us. But first of all you’re not respecting yourself . . . what path do you want to follow? Because here I believe there is only one path. I want to arrive at my danza, to the ceremony, pure of my mind and of my heart. To think positively, no? Because what we do, this is what makes us different . . . we are a spiritual group.

Cecilia provides an example in which she chose permanent abstinence from alcohol to make a statement as a role model for her community—her decision based on Indigenous traditions. Her story demonstrates her dedication to taking care of herself, her family, loved ones, and fellow danzantes by taking on a role of protector and healer for youth, families, and other women. She speaks of her belief that this is part of her role as a woman—to support the emergence of healthy, sober young “warriors” from the group.

When I used to go [out] with my [partner], we drank one or two drinks, no more, but then I decided to give it all up, all alcohol and [partner] as well. And I like it this way because my danza is so important for me. . . . I want that my heart and my prayer, because my heart and my prayer are what I give in the danza, for our people, for our children, for my [partner], for my family in Mexico, for our women, our children, all of the little ones that don’t know the situation we are in and how it is changing the world, no? And so for this reason, I am on this path . . . if in some way I can save a child from getting into drugs, or help a mother to not fall into depression because her husband abandoned her or because she doesn’t have anyone to watch her kids, for these reasons we are in the danza group. To help our women. I feel very proud because we are protecting our community. It is a big responsibility, to be taking care of this whole family. But we take care of each other. I believe that good warriors are going to come out of this danza group, and more little

warriors are going to come out of it, from these men and women that we are educating well, to not use drugs, no gangs, no alcohol.

Cecilia's narrative depicts danza as a Native Hub for community-building—a large intergenerational family where danzantes can feel a sense of belonging and protection—and a place for prevention, health promotion, and education.

We are supporting not only our community but our children. They are the rattle. So when you shake it, you hear this sound . . . the handle is the masculine part and the inside, the upper part, is the woman's womb. And the seeds inside are the children. It is the life that one is creating, and so they say that when it sounds, we are saying that life is here and life continues. And the same as our *ayayotes*, and so these little bones come from a tree. And you put them all around your foot . . . when one dances, the trick is to dance and they hear this sound, they hear it underground, it goes through the earth because underneath are our grandparents that have passed on. So danza for us, we say to the dead that we are dancing for you. And keeping the tradition alive . . . I feel that we put a lot of energy into it and we do the best that we can to bring our people in. For many of our youth it is very important to keep them in danza, to give them this guidance, education, that having danza in your life . . . you're not going to get in trouble because all of us elders, since I am the [order in age group] in the danza group, we all protect them, we are all their mothers, their fathers, for these young people to the youngest ones, it is a blessing to have the children there, even more so when we have the women with their babies in their womb still, and they hear the rhythm of the danza and for this reason we dance in the schools, in the community spaces.

Cecilia talks about how her role in the danza family extends to building relationships with other local American Indian groups, in a mutual exchange of generosity and camaraderie, demonstrating the intertribal capacities of Native Hubs as larger communal spaces.

We get together like family with the Native Americans . . . and they help us just as we help them and when they have their ceremonies . . . teepee ceremonies, danza, and sweat lodges . . . we attend and we help out and many times when it is our turn, we offer to make the food, the meals. They love it, we make rice and beans which is the main dish, and coffee and Mexican bread, atoles, oatmeal, fruit salad . . . for sometimes 300 people. And we do that for their ceremonies . . . so when we go with them, they don't want us to cook, they say it is our turn to eat. But it is so delicious because they make potato salads, salmon is the number one thing they feed us there.

The overarching theme in Cecilia's narrative is her role in cultivating a sense of family within danza as a Native Hub. Her story reflects her pride in being a role model of traditional

health teachings in order to play her role as a woman to love, heal, protect, and support her danza family. She particularly emphasizes her efforts to make danza a positive space for youth—both in prevention of substance abuse as well as in health promotion through pride in identity, belonging, and connection. Ultimately, this idea of family extends beyond the individual danza group, to encompass solidarity and relationships with local Indigenous tribes to the urban area she lives in in the United States. Her “we” poem highlights her love for danza as a family in solidarity with the larger Indigenous community:

Cecilia’s “We” Poem

We enter the room to begin our dance
 [The moment that] we enter
 [There is so much respect in the work that] we do
 We encounter someone that arrives hung over
 [What] we do
 We are a spiritual group

We drank one or two drinks, no more
 We are in the danza group
 We are protecting our community
 We take care of each other
 [These men and women that] we are educating well, to not use drugs, no gangs, no alcohol

We are supporting not only our community but our children
 We are saying that life is here and life continues
 We say to the dead
 We are dancing for you
 We put a lot of energy into it
 We do the best
 We can
 We all protect them
 We are all their mothers, their fathers
 We have the women with their babies in their womb still
 We dance in the schools

We get together like family with the Native Americans
 We do many things
 We help them
 We attend
 We help out
 We offer to make the food

We make rice and beans
 We make all of that
 We do that for their ceremonies
 We go with them

Layer 3: Relationship with Indigeneity: “We’re always connected to the universe and the galaxy and our ancestor[s].” Josefina, Serena, and Carlos tell the story of how within the Native Hub of danza, they reconnect with their identities as Indigenous People in the world, finding pride and a sense of solidarity with other Indigenous Peoples. Through decolonizing narratives, they not only learned coping strategies, but also ancestral teachings that enable them to confront the structural oppression that drives many of the health challenges among their people. Within the Native Hub of danza, they are positioned as leaders—from emerging to seasoned—to resist oppression, build community among other UDMC and Indigenous Peoples, reconnect with Mother Earth, and thrive.

Josefina. Josefina identifies as a younger adult woman. Her story documents the beginning of her journey as she finds healing and connection to her Indigenous identity through her engagement in danza as a Native Hub. She reflects on her new consciousness of and pride in her Indigenous identity here in the United States as well as her initial dissonance and disconnection with Indigeneity while living in Mexico.

Well, at first it caused me conflict, or harm, but now that I have begun to learn more, I feel content. I am still learning . . . about defending my roots. I was with my [person with whom she has a close relationship] . . . he showed me another culture like a religion . . . my [other person with whom she has a close relationship] belongs to the danza group and he told me about how he was and what he felt . . . this was what motivated me to come and now I am aware of what my culture has and my traditions, and so I feel good. I only recently started to go to the danza group. . . . I lived in Mexico, and it is incredible to see how long I was there and I didn’t know my culture. I didn’t know the meaning of many things. And now that I am beginning to see it, it really interests me . . . it was all about investigating deeper, because I like it and I feel good.

Josefina observes that people struggling with addiction are supported through ceremonial practices tied to danza, where they learn balance in part through the ceremonial use of peyote, as part of their work toward recovery.

I think that it helps them . . . they come to the group because they want to avoid this, and for example using peyote, they try not to see it as a drug . . . they see it as a medicine. And if really they don't need it, they don't consume it . . . a ceremony is a question of if one earns it . . . this requires time, and I think . . . it helps them a lot. And the discipline that one is learning it is, they start distancing themselves from all of this. And it is also as I mentioned, peyote when they use it like this, they try to make sure that people don't confuse it with a drug. And that they don't make it into a necessity.

Within danza as a Native Hub, Josefina has learned about spiritual use of peyote used in specific, controlled circumstances as a respected plant relative. Based on what she has learned, she suggests those struggling with addictions be invited to participate in danza to experience the healing that comes from dancing and the teachings on connectedness with Mother Earth: "I would invite them to come because the simple act of dancing helps a lot. To feel oneself connected with the earth, with the environment, this has helped me a lot personally."

Josefina recalls witnessing discrimination toward Indigenous People in Mexico for speaking their languages, and she reflects on her own disconnection from Indigeneity at that time. Danza as a Native Hub has provided a space wherein she has begun to explore her identity and express her desire for greater understanding of her own Indigenous roots:

In the people with whom we can share what we really are, what it feels like to be proud of what we are. And so that they can learn to value the things that one can make possible. And that we shouldn't devalue people because they don't speak a dialect. . . . I think that we are like this when we do not know, sometimes we judge people who speak a different dialect or because they are different. . . . Indigenous dialects like Nahuatl . . . in the primary school I studied with Mixtec and Zapotec children . . . they sang songs in their languages, and it was very nice to learn from them. But, the truth is that I don't know if I identify with all of this . . . now that I am seeing, I say wow, how I didn't value that moment to know more about them, to learn more.

Josefina’s story is a testament to the power of danza as a Native Hub to foster decolonization of colonial beliefs about Indigenous inferiority, to question colonial narratives and to foster healing and connection with ancestral roots. Not only does she share how danza participation given her a sense of pride in her identity, but also how it has helped educate her about healthy relationships with substances, their connection with Mother Earth as plant relatives, all within an Indigenous worldview. Josefina’s “I” poem summarizes the centerpiece of her narrative, a testament to the role of danza in awakening her consciousness to explore her own identity, and a space for learning about healthy behaviors for her future:

Josefina’s “I” Poem

I have begun to learn more
 I feel content
 I am still learning
 I feel good knowing
 I will learn more
 I was with my [person with whom she has a close relationship]
 I came here
 I am aware of what my culture has
 I feel good
 I only recently started
 I lived in Mexico
 I was there
 I didn’t know my culture
 I didn’t know the meaning of many things
 I am beginning to see it
 I like it
 I feel good

 I think that it helps them
 I think that mainly with this it helps them a lot
 I mentioned

 I would invite them to come because the simple act of dancing helps a lot

 I think that
 I studied with Mixtec and Zapotec children
 I don’t know
 I identify with all of this
 I am seeing

I say
I didn't value that moment to know more about them

Serena. Serena identifies as a younger adult woman. Through her participation in danza as a Native Hub, starting in Mexico and now in the United States, she shares how her pride in ancestral roots and connection to Mother Earth continues to grow and strengthens her resistance to both internalized oppression and structural oppression toward of Indigenous People of Mexico. Her story exemplifies that whereas danza and other Indigenous ceremonies often originate in specific geographical locations, over time they may evolve and migrate, as do many Indigenous peoples. They may be transported to urban spaces and shared across national and transnational Indigenous groups, yet always maintain songs, practices, and teachings that are derived from their connectedness to Mother Earth and all Creation.

[I]n Mexico many tourists try to encounter . . . cultural aspects of the traditions, while the . . . Mexican people do not value it and we try to avoid it. Or we do not recognize that we are natives, that we are Indigenous. . . . even in Mexico not only here, people . . . aren't proud to be Indigenous. They prefer to hide it but there are things one cannot hide. . . . So instead of speaking to the government and the institutions telling them to support them and telling them that you are Indigenous and this is important, that you have knowledge, you have tradition. They try to make them less valuable . . . as if it had less value, that I am Indigenous . . . and my way of being is entirely the opposite, I am super proud of being Indigenous and I show it . . . speaking about the cultural danza group that we are in, we are all proud, and the people see that we are proud.

Serena describes how for *danzantes*, danza as a Native Hub extends beyond the dance itself, to include ceremonial, healing practices that also serve as Native Hubs (e.g., teepee ceremonies, *temescal* or sweatlodge). Although these intertribal practices originate in geographically based, ancestral lands, they are transportable as Native Hubs to be practiced by UDMC and other urban, transnational Indigenous communities in urban and rural spaces such as parks, private and tribal lands. Serena reflects on how participating in these ceremonies connects her danza family with other Indigenous Peoples.

[W]hen you enter the danza circle, if something is hurting you, you will be cured there. It is the connection that you have with the circle, with the energy that is flowing around you, you encounter that pain and fix it . . . I have seen people who in the beginning couldn't walk well, or they had a lot of pain in their knees and then they come here and they are cured. And there are people who have heart problems or have troubles and they come here are they are cured in the center . . . of the danza. The simple act of being surrounded with the energy that is flowing here, the copal, when we go to the teepees, when we go to the sweat lodges to sweat everything out. The temascal is the sweatlodge that was used as a curative method to get rid of all the toxins from your body and there is no better medicine then that. And I have seen many people . . . that come here and cure themselves.

Although the UDMC as a Native Hub is far from participants' diverse, geographical homelands from which danza originated, each danza remains connected to these lands. Danza practices and ceremonies are packed with multiple teachings on how traditional health knowledge promotes healthy nutrition among danzantes, as part of a relationship of reverence to Mother Earth for all she provides. Serena explains:

All of the dances have something to do with the elements. *Tonantzin* is the name that we give to our Mother Earth . . . that provides our nourishment, that enabled us to walk. The earth is where we come from and where we will return . . . and all of the movements that have to do with danza like the circle, hitting the earth, giving thanks . . . there is a fire dance, there is a wind dance, for the elements that are necessary to live. The danza of Tlaloc, the rain dance, thanking the earth . . . when you are in the circle of danza you learn to recognize the importance of all living things . . . you don't take more than you need . . . speaking of animals, you feel that they have a spirit as well. . . if I make the decision to nourish myself with meat, for me it would be an honor to have captured that meat. To hunt it, to have fished for a fish, to have maybe raised my chicken, and in this way to be the complete circle of the food chain, that you grow it or you hunt it . . . trap it and then you cook it and you eat it and you leave what you do not need. . . . And I believe there are people . . . they have arrived to cure themselves there, and they give up drugs or alcohol or other things that they use because they are not necessary . . . there are foods that are not good for you and your body knows it and somehow it communicates to your mind and you just don't want it anymore. . . . So, once that you are there, you know that there is people that does the same. It's almost magic. And you want to just do all natural things and you want to grow your own garden. . . . You feel that connection with the earth.

Serena's narrative demonstrates how danza as a Native Hub brings her "home" to her Indigenous identity, no matter how far she now lives from her homelands. According to Serena,

danza is a place of health that grounds her in her Indigenous identity and enables her to be part of a larger group of Indigenous Peoples within and beyond the danza community. Within danza as a Native Hub, Serena speaks of learning traditional health knowledge that guides her choices about substances and foods, in reverence of her relationship to Mother Earth. Serena’s “we” poem depicts the circular, decolonizing, and relational journey that many people like her take in the UDMC community—one of returning to their roots:

Serena’s “We” Poem
We try to avoid
We do not recognize
We are natives
We are Indigenous
[The danza group] we are in
We are all proud
We are proud
We go to the teepees
We go to the sweat lodges
We give to our Mother Earth
[Where] we come from
[And where] we will return

Carlos. Carlos identifies as a younger adult man. His story exemplifies how danza as a Native Hub can be used as a decolonizing tool with which to reconnect to Indigenous identity and strengthen solidarity among people with Indigenous ancestry of Mexico. Born in his Indigenous community’s homelands in Mexico, his connection to his Indigenous identity was disrupted: “. . . because of NAFTA [North American Free Trade Agreement] . . . we were forced to move out of our village,” making it “hard for us to practice our language.” Like many other Indigenous and mestizo Mexican families, Carlos’s family could no longer afford to produce their own corn, driving them to northern Mexico to work in agribusiness, where “it’s about exploitation,” and later to the United States where they continued to work in agriculture. Carlos

shares how joining danza in college helped him peel back layers of colonization to return to his Indigenous identity in college:

I started like reclaiming my identity when I went to college, because I know [name of danzante] and [name of other danzante] were doing danza . . . like they're old school Chicano guys. Long hair . . . trying to make me do danza. But I wasn't taking it very seriously, like because I was trying to like explore the campus, and trying to like survive. This was the first-generation indigenous person in this campus, which is a very White campus. It was hard; and so when [another danzante] told me about [danza group] he said, "Yeah, you got to do [danza group]. . . . You got to understand where you're going, and you have to understand where your people stand in order for you to keep you going and fight for what is right for you and your people. And so [danza group] philosophy is all about reconnecting to indigenous roots. That's when I started identifying myself more as [name of participant's Indigenous group]. I was doing more research. I was talking. I was introducing myself now as an Indigenous person. Before then, in high school, it was just . . . a Mexicano.

Carlos's story demonstrates how joining danza was the catalyst for helping him re-embrace his Indigenous identity. As a transitional Indigenous migrant youth, he experienced racial discrimination first in Mexico then in the United States, facing pressures to conform with nationalist identities in both countries, yet considered "not Mexican enough" or "not American enough." He was "changing my identity now . . . from [name of participant's Indigenous group] kid to Mexican American to . . . Chicano." He speaks of his commitment to passing on his Indigenous identity to his future children.

I started to identify myself more as [name of participant's Indigenous group]. . . . It's a continued process . . . you can't change 500 years of colonization . . . within the life I'm going to have. I have to pass on to my next kids, or my next generation, and make sure that they . . . we go as deep as root we can in the culture.

Carlos's narrative relates a cultural dance specific to his Indigenous group to danza. He highlights the connectedness that cultural dance in general brings to intergenerational, ancestral, and intergalactic relationships, facilitating a sense of balance that ushers in physical and emotional health and well-being.

Like the spirit or yourself fills with proudness and happiness . . . in [name of Mexican province] we danced . . . [name of local cultural dance]. . . . Every time we . . . dance [name of dance] . . . we shout, we scream . . . happiness . . . whenever you dance, you're doing like exercise . . . We have to have like music . . . we hold proudness. We love ourself. . . . It's like a healing of us . . . we just feel the moment . . . and feel our bodies And relating that to health, I feel like that's how our people [have] always done it. . . . We dance to fulfill ourself spiritually and emotionally, and also to learn . . . about balance . . . with danza, we always start on the left—right?—because that's our heart. We always close the circle. We open the circle too. And we're always connected to the universe and the galaxy and our ancestor[s]; and so that's a very deep-rooted thing . . .

Carlos explains that he sees people with Mexican ancestry as relatives with tribal origins, whether they were able to “keep track” of their specific tribal affiliations despite colonization, or not.

For . . . Mexicanos, Mexican Americans, Chicanos, and my [particular group of Indigenous] people, I call that community . . . there is Chicanos who are like, “Oh, like you should be proud of who you are. Like we're doing the same thing. We're trying to learn as much as we can about our roots.” And they do it through danza, and they do it through practicing . . . Nahuatl [Aztec/Mexica Indigenous language] And so I like that, because then I'll be like, “Well, I'm doing the same thing too. . . . Yeah, you guys are welcome to come to my village and learn more.” Because I know that they're doing it with good intentions; and I know that colonization has been affecting us, our community, for 500 years. . . . Even the Mexicanos, in general too, right? . . . sometimes they lost their tribe . . . where they come from, but we know that they belong to some tribe or not. Because Mexico is very diverse in terms of indigenous groups.

Carlos's narrative speaks to danza participation as the catalyst that initiated his journey toward peeling back the layers of nationalist, colonially imposed identities. Through sharing song, dance, stories, and teachings with other people in the UDMC and even within the larger Mexican community, Carlos speaks of his connectedness to his original tribal heritage as a gift he will pass on to his future children. His “I” poem articulates this narrative that reflects decolonizing Indigenous identity, and portrays the UDMC as a place of health and well-being for all of his fellow people of Indigenous Mexican descent:

Carlos' “I” Poem
I started like reclaiming my identity
I went to college

I know [name of danzante]
 I wasn't taking it very seriously
 I was trying to like explore the campus
 I started identifying myself more as [name of specific Indigenous nation]
 I was doing more research
 I was talking
 I was introducing myself now as an Indigenous person

 I started to identify myself more as [name of specific Indigenous nation]
 [Within the life] I'm going to have
 I have to pass on to my next kids

 I mention this
 I think that's very common in the culture
 I feel for that
 I experience that every time
 I dance
 I feel like that's how our people [have] always done it

 I call that community
 I like that
 I'll be like
 I'm doing the same thing too
 I know that they're doing it with good intentions
 I know that colonization has been affecting us

Chapter Summary

Across all nine participants' narratives, each layer of the DNOH contained important themes that speak to the multilevel role danza can play as a Native Hub in risk prevention and health promotion. Within Layer 1 (relationship with self) of the DNOH were narratives of how participants found strategies to manage individual spiritual, mental, behavioral, and physical health challenges through their participation in danza as a Native Hub. Narratives in Layer 2 (relationship with the danza community) spoke to collective issues of belonging, nurturance, and protection, both within and beyond the danza circle, as well as community-level health education and outreach—demonstrating the role that the UDMC plays in the health of the larger Latinx, Mexican, and Indigenous communities. Finally, Layer 3 (relationship with Indigeneity) centered

on reconnecting with and embracing Indigenous identity as resistance to Indigenous erasure in solidarity with other Indigenous groups and within the context of the larger society, through narratives that remind us of the origins of Native Hubs—as connections to ancestral lands, synonymous with connections to Indigenous identities.

Native Hubs are created and transported wherever danza is practiced, and narratives are used within them as the specific decolonial tools with which participants reconnect, remember, and recreate traditional health practices and beliefs at the individual, communal, and societal levels. For members of the UDMC, danza participation is making place—a Native Hub away from ancestral homelands. Living in urban spaces as largely diasporic, transnational populations enables them to maintain their land-based ancestral ties through decolonizing oppressive, colonial narratives within danza as a transportable Native Hub that they can take with them wherever they go. Within this Native Hub, the UDMC honor their ancestral origins and the lands from which their identities are borne, and they are charged with setting the stage for future generations to thrive.

Specific findings are framed within the cells of the NIMHD research framework (Figure 6.2; NIMHD, n.d.). First introduced in Chapter 4 (Figure 4.6), the NIMHD research framework is a multilevel, multidimensional, working heuristic device that can help practitioners, researchers, and policy-makers identify avenues (represented within each cell of the table) for intervention and program development for prevention and health promotion among marginalized communities such as the UDMC. The results of the dissertation study zoom in on the cells enclosed in the red box, which comprise the contextual intersections between the behavioral, physical/built environment, and sociocultural environment domains of influence across the life course (rows) and the individual, interpersonal, and community levels of influence (columns)—

all within the context of the persistent impacts of both historical trauma and resilience (blue arrows) on the lives of the UDMC and other Indigenous Peoples.

Specific examples from the findings of this dissertation study lie at the intersections of each cell of the table of my adapted version of the NIMHD research framework below (Figure 6.2; NIMHD, n.d.), in order of levels of influence (columns). At the individual level of influence and behavioral intersection, danzantes engage in individual prayer and meditation as a spiritual practice; stress-relieving exercise that heals mind and body; and learning cultural teachings that support healthy choices. Those who cannot physically attend danza ceremonies may build altars in their homes to create spaces of meditation and prayer as a strategy to maintain their connection to the UDMC, at the individual and physical/built environment intersection. At the individual and sociocultural environment intersection, through decolonizing narratives, danzantes reject colonial notions that seek to erase their Indigenous identities and embrace their ancestral origins in response to structural oppression and discrimination from others. At the individual level, danza as a Native Hub is a place wherein participants can build individual strengths, strategies, and coping skills that help them prevent adverse physical, mental, and behavioral health outcomes and promote overall wellness.

At the interpersonal level of influence and behavioral intersection, adult danzantes teach and mentor younger danzantes to help them build skills for healthy living, creating a sense of family and providing a space wherein they can share ideas about AOD and HIV prevention among youth. Danzantes also work together to provide health education, advocacy, and outreach in prevention of AOD, HIV, and other important public health issues. In community centers where danzantes often meet to dance and engage in ceremony, they use body positioning in the danza circle to transmit traditional teachings about living healthy, balanced lives through

narrative. These relational formations are symbolic of each of their interdependent and unique contributions to the danza circle, at the intersection of interpersonal and physical/built environment. Though three of the four two-spirit participants are not included in the final analysis for reasons explained in Chapter 5 (the fourth was deidentified to ensure an additional layer of confidentiality), analysis of their stories foregrounded the use of decolonial narratives surrounding their important ancestral identities and roles in order to strengthen danza as an inclusive space, expanding its potential as a space for prevention and health promotion. These stories are situated at the interpersonal and sociocultural environment intersections. At the interpersonal level overall, danza as a Native Hub offers a place wherein participants engage in multiple nurturing, educational, and supportive activities that not only honor the unique contributions and leadership from its diverse in age, gender, and sexual orientation membership, but also reinforces and strengthens their social networks to expand their Native Hub to support prevention and health promotion initiatives beyond their danza circles.

Finally, at the community level of influence and behavioral intersection, danzantes use the *palabra* (word) portion of danza gatherings to request spiritual and emotional support, reflect on important cultural health teachings, and share other information pertinent to the group, such as education and outreach surrounding community resources for AOD and HIV prevention. They take such education and outreach efforts beyond the danza circle itself, representing their specific danza group as a transportable Native Hub within the larger community in schools, community centers, and at other ceremonial spaces with the larger Mexican and Latinx-origin communities as well as with other local tribal groups at the intersection of community and physical/built environment. Furthermore, within the larger sociocultural environment, UDMC groups build collaboration and solidarity with other local Indigenous groups through sharing in

ceremonial and social practices in the urban spaces wherein they live. At the community level, danza as a Native Hub cultivates a place wherein members share and exchange spiritual practices and health and prevention knowledge in and beyond the danza circle, with members of the larger Mexican and Latinx-origin community as well as other Indigenous groups—building larger networks of prevention, health promotion, and intertribal solidarity to counter structural oppression.

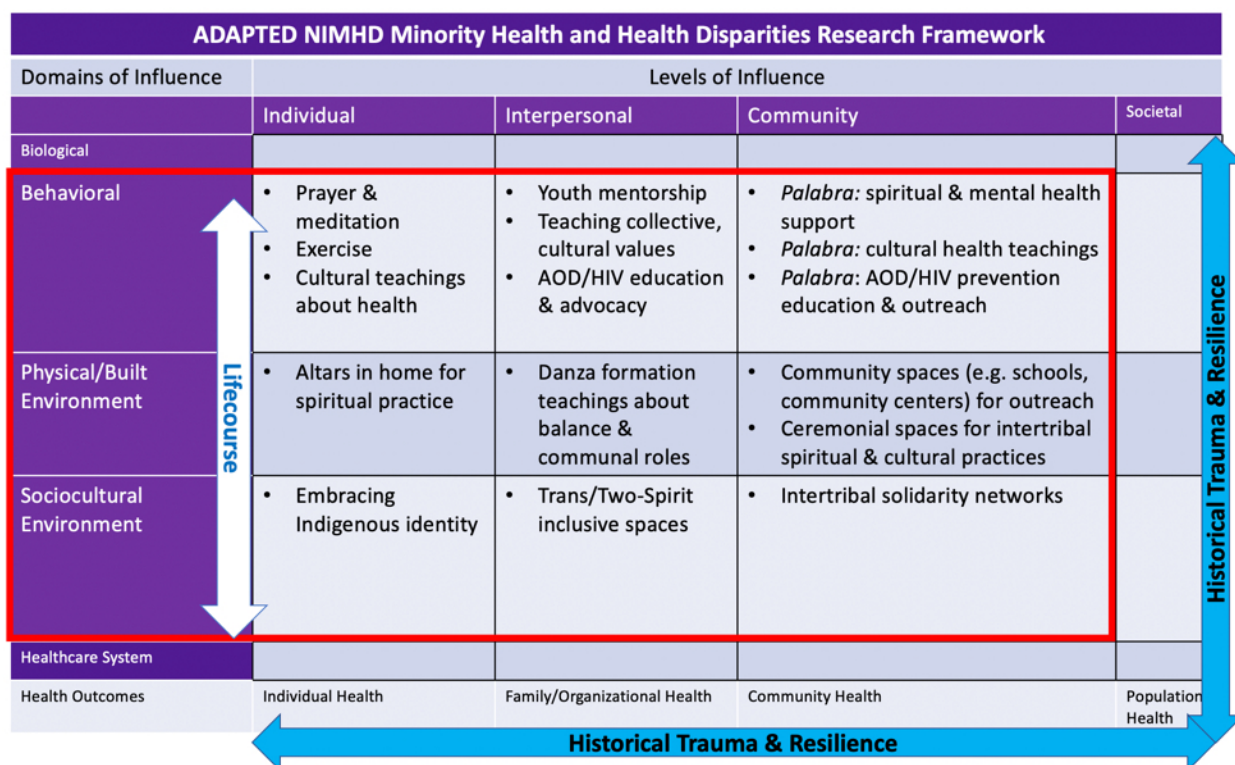


Figure 6.2: Author’s adapted version of the NIMHD Minority Health and Health Disparities Research Framework.

Beyond demographic differences, each of these nine participants represents a diversity of lived experiences that shape their perceptions within and beyond the danza circle and enrich the findings of this study. Across unique differences, narrative served overall as a decolonizing mechanism through which participants spoke of how danza has created a Native Hub wherein healing and returning to individual and collective Indigenous identity is nurtured. This Native

Hub provides a place of healing for body, mind, and spirit, as well as for finding a sense of belonging and community for members of the UDMC—whether U.S. or Mexican born, living in the United States far from their ancestral homelands. Furthermore, it is a place where consciousness is raised, stereotypes and racism are challenged, resisted, and debunked, and intergenerational wisdom, healing, and liberation are transmitted. This analysis represents the highly complex, intersectional, and nuanced experiences of nine diverse individuals with a common confluence of lineage and culture, whose resilience speaks volumes to the power of Indigenous People to survive and thrive despite structural oppression created by settler colonialism. The challenges that danza groups face now are not only the health disparities and inequities that are common to many other marginalized groups in the larger society. Countering the racist stereotypes imposed on their ancestors, as well as contemporary Indigenous communities in Mexico, participants share stories of traditions that their elders had to hide to keep alive. Despite distinctions across the group, one participant reminds us that “in the end we are Indigenous . . . something that one has inside.” They speak of hope in the prophecy of the Eagle and Condor, in which all Indigenous People will come together without the barriers of colonial borders and rise together as one community. Identifying Native Hubs as protective places that foster distinct pathways for decolonization helps increase understanding of how they can serve as optimal, culturally grounded place/settings-based interventions for preventing health risk behaviors and promoting overall health and well-being.

CHAPTER 7: IMPLICATIONS & FUTURE DIRECTIONS

They tried to bury us. They didn't know we were seeds.

—Mexican Proverb

The dissertation opened with an introduction of the Mexican American Indian⁶ (MAI) population as a new U.S. Census subcategory, and the UDMC as a specific segment of this population on which the dissertation is focused. An overview of AOD and HIV health status including prevalence, disparities, risk, and protective factors among AIAN, Latinx (including Mexican Americans), and Mexican migrants provided insight into health concerns and pathways for interventions with MAI, given extremely limited empirical literature on this complex, intersectional, and broadly diverse population. Cultural dance as a place/settings-based prevention intervention is theorized as the foundation of the research question the dissertation addresses: **How do members of the urban Danza Mexica Community perceive the role of participation in a traditional Danza Mexica community in relationship to health and well-being?**

Chapters 2 and 3 reviewed both historical and health literature to provide context for understanding of the complex, intersectional, and diverse origins and identities among the UDMC, as well as to understand the relationship between the dissertation study and the existing literature on culturally grounded place/settings- and dance-based interventions among Indigenous Peoples. Chapter 2 specifically explored the history and genealogy of Indigenous

⁶ As noted in Chapter 1, *Mexican American Indian* was developed by the U.S. Census and is used in this dissertation (a) to reflect the language of the federally funded parent study and (b) to help the reader understand the term that is used by the U.S. Census Bureau to categorize populations that may be similar to the UDMC. It is equally important to note, as is true with many Indigenous populations in the United States and across the world, that MAI is not used by the participants in this study to describe themselves. It must be understood as a term developed by and for the U.S. Census Bureau and cannot be assumed to be accepted or used by the diverse, intersectional populations it seeks to categorize.

Peoples of Mexico as a foundation for the origins and evolution of the UDMC—an expression of Indigeneity for the dissertation sample. Chapter 3 evaluated existing culturally grounded interventions that highlighted the important role of place/settings and dance in health research literature from Indigenous groups located in the Americas, using an Indigenized narrative literature review methodology. Theoretical pathways guide my development of the danza-as-place theoretical model in the fourth chapter—the foundation of the DNOH core method I debut in the fifth chapter on research methods. The Methods chapter not only introduced the DNOH and profiles its development, but also delved into the dissertation’s unique use of a qualitative mixed method design that includes narrative and poetic components; the chapter also presented the overall study design and criteria for methodological rigor. Finally, the Results chapter followed the path of each of the nine participants within three layers of the DNOH model through narrative and poetic expression, gifting the reader with wisdom from their depth and breadth of lived experiences and strategies for prevention and health within the context of danza as a Native Hub.

Practice, Research, and Policy Implications

This dissertation study findings suggest several implications for practice, research, and policy, derived from the findings specified in the adapted version of the NIMHD research framework originally presented in Chapter 6 (Figure 6.2). First, the results of the analysis point to the need for practitioners who are working with UDMC (or similar populations) to include questions about client participation in cultural practices in their assessments. Should clients express interest or participation in such practices, practitioners should support client engagement and include such culturally grounded interventions in developing treatment plans. It is crucial that practitioners recognize that “many of the culturally grounded approaches proposed are

actually a return to traditional worldviews and practices that were part of everyday life for indigenous communities and a source of their wellbeing prior to Western intrusion” (Kaholokula, Ing, Look, Delafield, & Sinclair, 2018, p. 250). In fact, Native Hubs like the UDMC in this sample may also serve as places for community organizing and social movements—which may be included as part of a client’s treatment plan, based on that person’s priorities and interest.

It is also crucial that practitioners strive to remain conscious of the great diversity across individual Indigenous groups and members of those groups, their distinct affiliations, definitions of culture, and proximity to particular identities and practices—important factors unique to each client that will help shape assessments, treatment, and intervention. The results of the dissertation study point out that this is particularly crucial to populations similar to the UDMC and to two-spirit people.⁷ The UDMC is a highly diverse population in terms of language, Indigenous grouping, national origin, immigration status, gender and sexual identities, and lived experience. Furthermore, two-spirit people within such communities may experience additional marginalization under settler colonialism. Before using the term *two-spirit*, it is important to understand each individual’s unique terminology and definitions for use. Practitioners working with clients who identify as two-spirit should strive to learn about the cultural and historical teachings surrounding gender in their communities, recognize the leadership and narrative

⁷ As stated in the Preface, for the purposes of this dissertation, the term *two-spirit* is used as a broad, umbrella term to describe lesbian, gay, bisexual, transgender, and queer (LGBTQ) American Indian/Alaska Native and other Indigenous Peoples (including participants in this study). This term may comprise the convergence of culture, sexual orientation, and gender unique to one’s identity. Use and perceptions of the term vary by tribal grouping and individual preference and may be viewed positively or negatively. Those who use the term may identify across a range of sexual orientations and/or gender identities (Argüello & Walters, 2017; Parker, Duran, & Walters, 2017).

strategies they use to deconstruct gender binaries, and honor the ways that individual clients present and take on particular roles within their communities.

Researchers working with populations such as the UDMC should take a similarly supportive, engaged, and collaborative Indigenist approach to their work. This approach is found within the body of critical theories of race, intentionally de-legitimizing racism in research, and promoting liberation through self-determination and empowerment. It is based on three related, foundational principles: resistance as a tool for liberation (i.e., Indigenous resilience and empowerment despite colonization); political integrity (i.e., research by Indigenous scholars); and privileging Indigenous voices (i.e., research with Indigenous participants; Rigney, 1999). Researchers should support the use of Indigenized methods to privilege Indigenous voices that tell stories of resilience despite the multiple, multigenerational forms of structural oppression within which they live.

This dissertation exemplifies the use of such Indigenized methods to uncover opportunities for expansion of the current literature on culture- and place/settings-based health interventions. Within danza as a Native Hub, we learn that decolonizing oppressive colonial narratives through and reconnecting with ancestral teachings and practices help danzantes learn, internalize, practice, and pass on knowledge and strategies for risk prevention and health promotion at individual, communal, and societal levels. In a sense, by sharing and maintaining these threads of attachment to homeland/Indigenous identity in narrative, identity is kept alive and, furthermore, can thrive no matter where Indigenous people go. Taking the lead from the participants' use of narratives as a decolonizing tool, this study complicates mainstream understandings of place/settings- and culture-based interventions within social work, public health, and other related fields by conceptualizing them as transportable and socially, relationally

constructed. Although perspectives that emphasize physical presence and contact with such geographically bound definitions of place and land are most commonly recognized in both mainstream (e.g., Frumkin, 2016) and Indigenous literature (e.g., Tuck & McKenzie, 2015), this study adds additional dimensionality that is relevant to a largely increasing diverse, intersectional, and transnational (e.g., urban to rural or national to international) Indigenous populations around the world. Thus, these findings further articulate and add to the extant Indigenous literature in order to envision the broad possibilities of relational place-making as interventive spaces, much like the Native Hubs of danza in this study. This study also warrants further investigation into understanding what other Native Hubs look like for populations like the UDMC across the world. Such research can inform policy initiatives that recognize the unique and crucial role that culture and place play in addressing Indigenous health disparities and inequities. With ever-increasing urbanization and migration of all peoples across the globe—Indigenous included—it is essential that policy-makers recognize the importance of making funding streams that accommodate the considerable financial resources and time needed to support the development of cultural and place/settings-based, community-based interventions as Native Hubs.

Future Directions

This dissertation study illuminates pathways for culturally grounded intervention research development with the UDMC and similar populations. Its findings point to the potential of culturally grounded practices as proactive, primary prevention interventions to address risk for adverse health outcomes before they take root, thereby mitigating the health and fiscal consequences involved in rendering secondary- and tertiary-focused prevention interventions for those already exposed to risk or those who have become ill (Birn, Pillay, & Holtz, 2017). Taking

strengths-based, primary prevention approaches also aligns with Indigenous communities' efforts to reduce stigmatizing narratives believed to be largely reinforced by much of the extant research on risk factors within Native communities. Such culturally grounded interventions counter pathologizing narratives through promoting decolonizing narratives that draw on traditional health knowledge and practices. For participants in the UDMC, these go beyond the physical health benefits of participating in cultural dance to include other benefits that “can build connectedness, model positive social norms, personal wellness, and contribute to other positive outcomes” (SAMHSA, n.d., p. 2) and have potential to serve as multilevel, community-level interventions that can positively impact overall community health and well-being in a sustainable way (Blue Bird Jernigan, D’Amico, Duran, & Buchwald, 2018). Given the results from this dissertation study in particular, publications highlighting the theoretical and methodological innovations as well as the substantive findings surrounding danza as a Native Hub will help build the body of literature in this area for which there has previously been little empirical work.

The findings of this study translate into important future directions for developing prevention research in several ways. First, they shed light on the potential for theoretical application, adaptation and/or expansion of the danza as place theoretical model (see Figure 4.5) to other, similar populations' unique cultural practices as potential, relationally constructed Native Hubs. This theoretical model provides a unique and innovative example of how culturally protective activities can be conceptualized as Native Hubs within a relational geography lens that builds on Indigenous principles of relationality and connectedness. Second, applying this study's qualitative, narrative mixed methods approach to other UDMC samples would evaluate the transferability of the DNOH as a general health model (see Figure 5.1) to other, similar urban, transnational and diasporic Indigenous communities, in order to determine

its applicability. Furthermore, taking a qualitative and quantitative mixed methods approach to conduct a longitudinal analysis of the impact of UDMC participation on changes in health attitudes and behaviors would additionally yield more robust data from which to assess its effectiveness among the sample populations. Third, these findings can be used to develop culturally appropriate measures to more accurately assess multilevel risk and protective factors appropriate for this population (Blue Bird Jernigan et al., 2018). As tools for collecting data from larger samples, such measures could foreground the production of more generalizable findings that can be used to advocate for more funding toward culturally grounded interventions that serve urban, transnational, and diasporic Indigenous communities like the UDMC. Ultimately, the findings from the dissertation study will be used in conjunction with findings from forthcoming data analyses of the parent study data in order to build a platform for the development of a quantitative survey for comprehensive social epidemiological data collection with this population.

Beyond the findings enclosed in the red outlined box in Figure 6.2 (Chapter 6), the dissertation study as a whole points to significant implications within the biological and health care system domains of influence as well as at the societal level of influence. These spaces are purposefully left blank in Figure 6.2 in order to demonstrate the need for more research that centers the historical, social, cultural, and environmental determinants of health as well as how they may translate to health at the biological and health care domains of influence. Within the biological domain, the body of research on epigenetics is growing, particularly surrounding the transmission of intergenerational trauma (Lehrner & Yehuda, 2018), and more work in this area with Indigenous populations could fill an important gap in health research. Furthermore, epigenetic and other scientists have also been calling for increased investigation of the

intergenerational transmission of resilience (Lehrner & Yehuda, 2018). However, such work should be approached with caution, given both the harmful, exploitative history of genetic (e.g., eugenics) and other health research in Indigenous and other marginalized communities (L.T. Smith, 1999) and the potential for policy-makers to shift “the responsibility away from societal factors,” with awareness “that epigenetics could be used for racist agendas that work against Indigenous health and well-being” (Kowal, 2016).

Within the health care system domain, there is a clear need for greater integration and collaboration among more traditional, cultural practices. Such practices could include the use of curanderos/as (Padilla et al., 2001) and/or other Indigenous healers. Furthermore, such practices can be integrated in and/or extend beyond the four walls of Western medical care facilities to therapeutic places and settings that are culturally relevant to marginalized communities, particularly for Indigenous and other communities whose identities and well-being are often intertwined with land and other than human relatives (e.g. plants, animals; Wendt & Gone, 2012). Practitioners, researchers, and policy-makers should advocate for such collaborations and partnerships in order to build a more holistic, effective, and sustainable approach to care that aligns with the United Nations Permanent Forum on Indigenous Issues (2008) recommendations for governmental support of Indigenous health and resource centers. This study provides initial evidence that could support pathways toward additional qualitative, mixed methods, and quantitative research that illuminates the impacts of place/settings-based, culturally grounded evidence on prevention of health disparities and promotion of health and well-being.

The NIMHD research framework is also lacking the influence of environmental contact (i.e., also known as “nature contact” by many scholars) on health as a crucial level of influence, potentially due, in part, to the challenges in measuring dosage (i.e., interval, frequency, kind;

Frumkin, 2016) and disentangling multiple potential confounders (Hartig, Mitchell, De Vries, & Frumkin, 2014). Yet, a growing body of studies identifies the positive impacts of nature contact, such as improved affect and cognition for people with depression (Berman et al., 2012) and increased free-time physical activity in children (Janssen & Rosu, 2015). Equally important, a body of research analyzing the negative impacts of environmental dispossession (e.g., contamination of Indigenous lands due to mining; Tobias & Richmond, 2014) is emerging. Indigenous Peoples and other marginalized communities around the world are most vulnerable to such rapidly increasing adverse impacts of environmental hazards and climate change on health, indicating urgent need for research in this area (United Nations, n.d). Future work should aim for more holistic, inclusive, multilevel, and intersectional ways of integrating these approaches, and it will take collaborative, interdisciplinary, and translational approaches by Indigenous and non-Indigenous practitioners, researchers, and policy-makers to meet this goal.

Limitations

This dissertation study has several limitations. First, MAI is a new U.S. Census subcategory that represents a diverse, complex, and intersectional population for which empirical data is practically nonexistent. Thus, I review health literature among AIAN, Latinx (including Mexican Americans), and Mexican migrants (Indigenous and non) as proxy demographic groups in which MAI may have previously been categorized prior to the U.S. Census Bureau's development of the MAI subcategory. These bodies of literature comprise great diversity within and across groups, and they offer important available empirical insight at this time as to the status of health among UDMC as a population with potentially similar colonial-based historical and contemporary determinants of health. Furthermore, the extant epidemiological literature reveals considerable similarities in AOD and HIV risk across these groups, which highlights the

need for empirical investigation of health risks and protective factors among those who may identify as MAI.

A second limitation, also tied to the lack of empirical literature on MAI as a distinct category, lies in the limited availability of literature surrounding the role of place and dance in health research among Indigenous groups in the Americas. Using an Indigenized narrative literature review resulted in finding only 20 relevant publications after searching two major databases (that included an additional 10 databases total within two large databases). Results indicated that all but one of the articles focused on U.S. and Canadian Indigenous groups, which leaves a significant gap in the literature for groups with Indigenous origins south of the U.S./Mexico border, such as the UDMC. This dissertation study clearly makes an important contribution to building a literature base to begin to fill this significant gap. Furthermore, using an Indigenized narrative literature review method is an ideal strategy designed to address gaps in academic literature in such areas where groundwork for innovative types of interventions is needed.

Finally, the findings of this study are not generalizable due to the small sample size. However, the purpose of this study is not generalizability to the larger population and is thus not measured by standards of quantitative rigor. Rather, I aimed to obtain rich, in-depth, qualitative, narrative data that reveals important, culturally relevant, and meaningful health implications for UDMC. This sample of UDMC comprises participants whose origins come from four specific Indigenous groups originating from northern, central, and southern states of Mexico, with a diversity of ages, educational backgrounds, languages spoken, and genders. Whereas the sample is small, it is clearly diverse in several arenas, which strengthens the potential for transferability of findings to other groups of UDMC or similar communities. Furthermore, the use of

methodological integrity to evaluate whether the researcher achieved *fidelity to the subject matter* and *utility in achieving goals* aligns with culturally appropriate standards of rigor that reinforce Indigenous principles of relational accountability between the researcher and the community who provide their stories as data, reflected in theoretical, methodological, and analytical choices in response to the research question and with respect to the participant community.

Conclusion

We are in the land, but the land is also in us and we are of the land, but the land is also of us. (Burkhart, 2019, p. 31)

This dissertation study illuminates how members of the UDMC are creating culturally grounded pathways for health and prevention for current and future generations, through engaging in Danza Mexica as a Native Hub. Through innovative use of narrative methods to review the literature, develop theory, shape methodological approaches, and synthesize story as data, this dissertation provides a unique opportunity to bear witness to the courage and strength of the UDMC to remember their ancestral pasts, shape their present, and envision their futures. UDMC narratives exemplify resilience despite historical and contemporary traumas, adapting to change in order to survive, and maintaining a persistent cultural thread to their past through practices like the Day of the Dead. Indeed, their contemporary narratives *are* an expression of their emerging roots. For the UDMC, the practice of Danza Mexica creates community—a deep ancestral connection lived with ancestors (as both human and homelands) in the moment. Place becomes transportable and expands time and generations.

My journey working with the UDMC for the dissertation inspires my reflection on the role of Native Hubs in maintaining a link to my own lands and Native identity after leaving my

reservation to cross urban, national, and international borders. The sense of community I felt in these Native Hubs sustained me, starting with the first time I moved away from my family on the reservation to attend college, 3 hours south in the largest city in my home state. Following the lead of my older brother—the first to attend college in my family—and initially living with him, his wife, and firstborn infant son, I was embraced by the Native community both at the university and in the city. I attended ceremonies, danced in pow-wows, and became friends with Native people from tribes across America. Although the transition was difficult initially, becoming part of Native Hubs nurtured my growth and maturity and helped me prepare for an even more distant transition to Seattle to earn my master's degree from the University of Washington (UW). Indeed, being introduced to the Indigenous Wellness Research Institute (IWRI) through Dr. Karina Walters—whom I'd met through another Native mentor, Dr. Tassy Parker—was instrumental in building my confidence and providing support to make this brave transition to move out of state, the first person in my family to pursue graduate education. Dr. Walters introduced me to Dr. Tessa Evans-Campbell and a number of other Native staff, faculty, students, and scholars who remain important mentors and relatives to this day, including Dr. Ramona Beltran. We attended ceremonies, pow-wows, and danza, and we relied on one another for support along this academic journey. Without this Native Hub, I would not have realized that the academy was a place for me and may not have considered a PhD. However, I knew that returning to UW for the PhD and working with IWRI staff, faculty, and students would be returning to a family, to the Native Hub that would sustain me through this challenge as it had through the master's degree, as one of less than 0.002% AIAN doctorate recipients in the United States (National Science Foundation, 2017).

Whether crossing transnational borders from the Menominee Nation to Milwaukee, Seattle, Costa Rica, or beyond, the first thing I look for in each place I go is a Native Hub, as a source and center for sustaining my connection to my ancestral roots and homelands now as an urban Indigenous person, through relationships and cultural practices that nurture my health and well-being. I want those who come after me to see that they too have a place in the academy, and in the larger world, no matter which transnational borders—be they reservation, rural to urban (and vice versa), state, national, or international—they are compelled to cross. It is within these Native Hubs that so many of us first connect, reconnect, remember, or learn more about who we are, and the places in which our ancestors' bones are buried that have made us—Mother Earth to which we will return to give new life to plants, animals, waters, and other humans.

The UDMC, like many complex, intersectional, marginalized communities, are actively defining their healing pathways within their Native Hubs, building on an ancient narrative that speaks to a challenging yet rich past and a rapidly evolving future. Their existence brings space, place, and time together in a way that ensures the health and well-being of future generations. I am inspired and grateful. I give thanks to the Duwamish and Coast Salish people on whose lands I am a guest, for the opportunity to become part of Native Hubs and grow in this place, as well as to the Indigenous peoples of the other places I have lived and worked. With honor and respect, I say *māēc-wāēwaenen*, many thanks to the UDMC for sharing their teachings with me. I will strive to carry these teachings forward. To all my relatives, *netāēnawemākanak*.

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APPENDIX A: VOICE POEMS

DANIEL

I Poem	We Poem
<p>I'm trying to find a connection I'm trying to talk to myself and just understand myself I don't know if that's praying I feel like people use these tools I feel like that's what danza is</p> <p>I think when we're like in danza, it's really healthy</p> <p>I think that danza is a very big pillar I feel like my group, they have more of an impact when it comes to like the mental health of people</p> <p>I don't know how to explain it [When] I saw that I automatically felt like a connection</p>	<p>[When] we're like in danza</p> <p>[When] we finish We give everybody the opportunity to speak [One of the things that] we focus on the most, is people being like mentally healthy</p>

BERNARDO

I Poem	We Poem
<p>I remember that my mother used to take me there I was small I don't judge my mother I can tell you that that was the extent of her understanding I am living now I know about these concepts I think that now or one day I will return I will see all those places</p> <p>I have to go and dance</p> <p>I was tired [When] I heard the drums I arrived at my safe door [To share and bring this good energy to my home where] I live I go</p>	<p>We were Christians, no? [All those beautiful things that] we have</p> <p>We learn from them We have the experience We have made a lot of errors in our past We can also fix these so that the youth don't commit the same errors, no?</p> <p>[This is what] we are, We can deny other things, but just look at it [Show the children that] we are here so that they see us We still exist We are not dead [Things are like this and] we have lived them.</p>

<p>I can feel things differently</p> <p>I had to seek out this type of health I feel it no? In my personal case</p> <p>I will never stop learning</p>	
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PABLO

I Poem	We Poem
<p>I had a threat to my health I began to suffer from anxiety attacks I told the doctor that I... I began to live with these anxieties I sought out someone who could listen to me I had a lot of things going on I entered into a depression I started going to see psychologists I learned a lot I was going to therapy daily I began to take out all of my frustrations I came here I had this depression I have learned how to endure it</p> <p>I feel awful I see that these are my roots [When] I was a child they taught us many things I tell him I see him covered in feathers I see my God covered in feathers I have faith [When] I began [dancing] I don't know I didn't feel it I felt my legs I believe</p> <p>I believe that for God there are no borders for the spirit I think this is happening I go to the pow-wows I have heard songs that I like I was hearing them in Mexico I was hearing them here</p>	<p>In the end we are Indigenous We are all from our race We are of this We descend from this [When] we finish dancing We are going to carry on We carry it in our genes</p> <p>We should be eating well We utilize danza When we are physically unwell We use traditional medicine We also utilize the spirit of the Creator We ask that he help us with danza [If] we are physically unwell We ask the spirit We arrive with pain [When] we are dancing it all vanishes</p> <p>We look for this in my community</p>

<p>I have heard them I hear it I feel something in my little heart I feel that this is something I feel that every time they hit the little sonajas I have faith that this can change</p>	
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MARISOL

I Poem	We Poem
<p>[Drugs and alcohol,] I see those to be two of the problems that most affect the community I feel that in the danza group</p> <p>I said I belong to this community I belong to this town, to this culture, to this tradition</p>	<p>[If] we don't feel We belong to something We know our history We are going to feel more alone</p> <p>We have kids in the danza group We have teenagers</p> <p>[When] we give presentations [What] we bring isn't just danza [What] we bring...is...the image of danza and what the culture is</p>

NAYELI

I Poem	We Poem
<p>[Try to stay away from negativity is what] I've also done I feel like that's part of the reason what led me to danza I pretty much dedicated my life I learned how to cope with myself</p> <p>[When] I joined danza group I started to realize I started to learn more I learned I am I tell them [That] I'm indigenous from Mexico [If] I needed someone to take me to the clinic</p> <p>I need emotional support I'm feeling a certain way</p> <p>I usually offer a dance</p>	<p>We're like after practice We can sit down We can then talk about We could tell them</p> <p>We usually do <i>intercambios</i> We get invited to pow-wows We'll be in our regalia We'll both dance [with] one another We'll exchange like prayers</p>

CECILIA

I Poem	We Poem
<p>I change my clothing with respect I believe there is only one path I want to arrive at my danza</p> <p>I used to go dancing with my husband I decided to give it all up I like it this way I want that my heart and my prayer I give in the danza I am on this path I can save a child I feel very proud I believe that good warriors are going to come out of this danza group</p> <p>I feel that we put a lot of energy into it I am the [order in age group]</p>	<p>We enter the room to begin our dance [The moment that] we enter [There is so much respect in the work that] we do We encounter someone that arrives hung over [What] we do We are a spiritual group</p> <p>We drank one or two drinks no more We are in the danza group We are protecting our community We take care of each other [These men and women that] we are educating well, to not use drugs, no gangs, no alcohol</p> <p>We are supporting not only our community but our children We are saying that life is here and life continues We say to the dead We are dancing for you We put a lot of energy into it We do the best We can We all protect them We are all their mothers, their fathers We have the women with their babies in their womb still We dance in the schools</p> <p>We get together like family with the Native Americans We do many things We help them We attend We help out We offer to make the food We make rice and beans We make all of that We do that for their ceremonies We go with them</p>

I Poem	We Poem
<p>I have begun to learn more I feel content I am still learning I feel good knowing I will learn more I recently arrived here I have been here about 6 months or so I was with my [person with whom she has a close relationship] I came here I am aware of what my culture has I feel good I only recently started I lived in Mexico I was there I didn't know my culture I didn't know the meaning of many things I am beginning to see it I like it I feel good</p> <p>I think that it helps them I think that mainly with this it helps them a lot I mentioned</p> <p>I would invite them to come because the simple act of dancing helps a lot</p> <p>I think that I studied with Mixtec and Zapotec children I don't know I identify with all of this I am seeing I say I didn't value that moment to know more about them</p>	<p>We can share We really are We shouldn't devalue people because they don't speak a dialect</p> <p>We are like this When we do not know We judge people</p>

SERENA

I Poem	We Poem
<p>I am Indigenous I am super proud of being Indigenous I show it</p> <p>I have seen people I have seen many people</p>	<p>We try to avoid We do not recognize We are natives We are Indigenous [The danza group] we are in We are in</p>

<p>[If] I make the decision to nourish myself with meat I believe there are people</p>	<p>We are all proud We are proud</p> <p>We go to the teepees We go to the sweat lodges</p> <p>We give to our Mother Earth [Where] we come from [And where] we will return</p>
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CARLOS

I Poem	We Poem
<p>I started like reclaiming my identity I went to college I know [name of another danzante] I wasn't taking it very seriously I was trying to like explore the campus I started identifying myself more as [name of specific Indigenous nation] I was doing more research I was talking I was introducing myself now as an Indigenous person</p> <p>I started to identify myself more as [name of specific Indigenous nation] I still am [Within the life] I'm going to have I have to pass on to my next kids</p> <p>I mention this I think that's very common in the culture I feel for that I experience that every time I dance I feel like that's how our people [have] always done it</p> <p>I call that community I like that I'll be like I'm doing the same thing too I know that they're doing it with good intentions I know that colonization has been affecting us</p>	<p>We go as deep as root We can in the culture</p> <p>We danced We We shout We scream</p> <p>Without . . . musica, we can't do a fiesta</p> <p>We have to have like music We hold proudness We love ourself This is who we are</p> <p>We just feel the moment</p> <p>We dance We dance to fulfill ourself We learn about balance We learn that We always start on the left We always close the circle We open the circle too We're always connected to the universe and the galaxy and our ancestor[s] We do</p> <p>We're doing the same thing.</p> <p>We know that they belong to some tribe</p>

APPENDIX B: INTERVIEW GUIDES

English Version:

In-depth Individual Interview

Thank you for taking the time to talk with us about your experience, thoughts, and feelings related to alcohol and other drug use, HIV, and overall health in the Mexican/Latino community. The goal of these questions is to learn about your personal opinions or perceptions of the health needs and strengths of the Mexican/Latino community here in the Northwest. We know there are unique needs and powerful strengths in our community and want to learn ways we can best understand and ultimately support improved health in the Mexican/Latino community. The purpose of the interview is to work with the community to identify strengths, gaps, or barriers to services to help inform future interventions to promote overall health and reduce AOD use and HIV risk behaviors and stigma. We will be asking you questions about your ideas related to race, culture and identity, gender and sexuality, community health risks and needs. We will also be asking your about your ideas about the connections between spirituality, cultural traditions, place/land, the natural environment and health.

I would like to stress that this interview is completely voluntary and if you do not want to answer a particular question or talk about a particular topic, please let me know and we will move on.

Since I will be recording this interview and a different person could be transcribing your words, I want to ensure that we accurately get your thoughts on the topics therefore I might ask a question that seems to have an obvious answer or I may repeat questions in a different way.

If at any time you do not want me to record something, let me know, and I will turn off the recorder. Your interview will be transcribed and we will send you a copy of the transcript to review. At that time you may make any additions or delete any part of the interview. The recording will be destroyed after the transcript has been verified and we will remove your name or reference to any other names from the transcripts. The information you share with us will be kept confidential, which means we will not identify you in anyway. All links to your name and the interview will also be destroyed.

RACE, ETHNIC IDENTITY, CULTURAL TRADITIONS

The first questions are about how you identify your race, ethnicity, and culture. We are interested in understanding how our community understands and defines what it means to be “indigenous”.

4. How do you identify your race? How do you identify your ethnicity?
 - a. Probe: How do you identify or describe your indigenous identity?

- b. Probe: In danza, the traditions are primarily Mexica but there are also indigenous communities and practices represented, for example purepecha or huichol. Does your family come from a specific indigenous group? If so, which one?
5. What does your identity mean to you?
 - a. Follow-up /probe questions: Where are you and/or your family originally from? Here in the United States, how do you identify? How did you identify before coming here? How has that changed? Tell me more – what comes up when you think of your identity?
 6. When you think of your current community, who or what do you think of?
 7. What are some of the traditions and/or ceremonies that you participate in?
 8. What are some of the teachings from your traditions (e.g. danza, ceremony) that help you to understand your identity?

PLACE AND HEALTH

For many Indigenous people, our connection to land is very important to our identity. Many of us are no longer living on our original homelands. While some of us lived on our original tribal homelands in the past, others of us did not have the opportunity to live there and some are not able to visit. We are going to now ask some questions about your connections and thoughts about original lands.

9. Where is your family originally from in Mexico? (Or other country)
10. What feelings or thoughts come to mind when you think about your original homelands?
 - a. Probe: How do you maintain, re-connect, or re-create the feelings you have for these original homelands even though you now live in a new place?
 - b. Probe: what do you have in your environment or community that reminds you of your original land?
 - c. Probe: What keeps you connected to your original land?
11. How do you think your connection to land or the natural environment influences your health?

GENDER AND SEXUALITY

We are interested in the way that gender and sexuality relates to culture and the ways that people participate in traditional cultural practices. We are going to ask questions about how you define and understand gender and sexuality. Please let me know if you are uncomfortable answering any of these questions.

12. What do you think about when you hear the word gender? What about sexuality?
13. What are your thoughts about two-spirit or transgender folks? How are they integrated into our community? How are their experiences understood through our traditions (e.g. danza or ceremony)

OVERALL TRADITIONAL HEALTH BELIEFS

Before we ask about specific health issues, we are interested in understanding how your community thinks about overall health and wellness. Many indigenous cultures have traditional beliefs about achieving health and wellness. For example, some Native tribes use the medicine wheel to understand how health can be understood through balance between the physical, spiritual, mental and emotional worlds.

14. What does danza and our tradiciones teach you about health? What does it mean to be healthy? What does it mean to be unwell?
15. How does danza and ceremonia help you achieve or maintain wellness? What are some of the teachings about health?
 - a. Probes: Teachings about health related to food, substances, relationships, the natural environment? Can you give me an example? Something that has been passed down to you through the generations?

COMMUNITY HEALTH NEEDS

16. Community health needs – what are the struggles, challenges? Needs? How do people meet those needs? What kind of support do folks get in community? What isn't available?
 - a. Probes: Specific to Alcohol, Other drugs
 - b. Probe: Specific to HIV
 - c. Probe: Specific to other health conditions
 - d. Probe: What activities in community are the most challenging for you to live a healthy life?

- e. Probe: Can you tell me a story of an event or experience that threatened your ability to meet your own health goals?

COMMUNITY HEALTH STRENGTHS

17. What are some of the practices, traditions, beliefs, teachings, people, that help maintain or achieve wellness? What keeps you well/healthy?
 - a. Probe: Can you give me an example or a story about a time when you felt most healthy? What changed for you? What were you doing? How were you living?
 - b. Probe: When you have threats to your health, where would you go for help and what kind of support would you seek?
18. Imagine you're a leader in your community with a concern about health (HIV for example), what would be your immediate goal or focus? What would you need to provide support to your community?
19. Is there anything else about health and traditions that you think is important that I haven't asked?

Spanish Version:

Entrevista Individual Profunda

Gracias por tomarse el tiempo de hablar con nosotros sobre su experiencias, pensamientos, y emociones relacionadas con el alcohol y uso de otras drogas, VIH/SIDA, y salud general en la comunidad Mexicana/Latina en Seattle. La meta de estas preguntas es el aprender sobre sus opiniones personales o percepciones de las necesidades y fortalezas de salud de la comunidad Mexicana/Latina aquí en el Noroeste. Sabemos que hay necesidades únicas y fortalezas poderosas en nuestra comunidad y quiero aprender la mejor manera de comprender y, al fin, apoyar mejor salud en la comunidad Latina. El propósito de esta entrevista es trabajar con la comunidad para identificar fortalezas, faltas, o barreras a servicios para ayudar informar intervenciones en el futuro que promueven salud general y reducen uso de alcohol y otras drogas, y estigma y comportamiento a riesgo de VIH/SIDA. Le preguntaremos sobre sus ideas relacionadas con raza, cultura y identidad, genero y sexualidad, riesgos y necesidades de salud comunitarias. También le preguntaremos sobre sus ideas sobre las conexiones entre la espiritualidad, tradiciones culturales, lugar/tierra, y ambiente natural y salud.

Me gustaría recordarle que esta entrevista es completamente voluntaria y si usted no quiere contestar una pregunta específica o hablar sobre un tema en particular, por favor déjeme saber y seguiremos adelante.

Ya que estaré grabando esta entrevista y una persona diferente transcribirá sus palabras, quiero asegurarme que recibamos sus pensamientos precisos sobre los temas, por lo tanto, podría

preguntar algo que parezca tener contestación obvia, o podrá repetir la misma pregunta de diferente manera.

Si en cualquier momento no quiere que grabe algo, déjeme saber, y apague la grabadora. Su entrevista se transcribirá y le mandaremos una copia de la transcripción para revisar. En ese momento usted puede agregar o borrar cualquier parte de la entrevista. La grabación será destruida una vez que la transcripción sea verificada y retiraremos su nombre o referencia a cualquier otro nombre de la transcripción. La información que usted comparta con nosotros se mantendrá confidencial, que significa que no lo identificaremos de ninguna manera. Toda conexión a su nombre y la entrevista también será destruida.

RAZA, IDENTIDAD ETNICA, TRADICIONES CULTURALES

Las primeras preguntas se tratan de como se identifica en cuanto a raza, etnicidad, y cultura. Estamos interesados en comprender como nuestra comunidad entiende y define lo que significa ser “indígena.”

20. Como identifica su raza? Como identifica su identidad étnica?
 - a. Exploración: Como identifica o describe su identidad indígena?
 - b. Exploración: En la danza, las tradiciones son principalmente Mexica pero también hay comunidades indígenas y practicas representadas, por ejemplo, Purépecha o Huichol. Su familia pertenece a un grupo indígena específico? Si es así, cual?
21. Que significa su identidad para usted?
 - a. Exploración: Do donde es usted y su familia originalmente? Aquí en Estados Unidos, como se identifica? Como se identificaba antes de venir aquí? Como ha cambiado eso? Platíqueme mas – que pasa cuando piensa en su identidad?
22. Cuando piensa en su comunidad en el presente, en quien o en que piensa?
23. Cuales son algunas de las tradiciones y/o ceremonias en las cuales usted participa?
24. Cuales son algunas enseñanzas a raíz de sus tradiciones (danza, ceremonia) que le ayudan a comprender su identidad?

LUGAR Y SALUD

Para muchas personas indígenas, nuestra conexión a la tierra es muy importante a nuestra identidad. Muchos de nosotros ya no vivimos en nuestras tierras o comunidades originales. Mientras algunos de nosotros vivimos en nuestras tierras o comunidades originales en el pasado, otros de nosotros no tuvimos la oportunidad de vivir allí y algunos no pueden visitar. Ahora preguntaremos sobre sus conexiones y pensamientos sobre tierras/comunidades originales.

25. De que parte de México es su familia ? (o otro país)

26. Que emociones o pensamientos vienen a su mente cuando piensa en sus tierras originales?
- Exploración: Como mantiene, se re-conecta, o re-crea las emociones que tiene por esas tierras originales o comunidades originales, a pesar de vivir en un nuevo lugar?
 - Exploración: Que tiene en su ambiente o comunidad que le recuerda a su tierra/comunidad original?
 - Exploración: Que lo mantiene conectado con su tierra/comunidad original?
27. Como cree que su conexión a la tierra o el ambiente natural influye su salud?

GENERO Y SEXUALIDAD

Estamos interesados en la manera que el genero y la sexualidad se relaciona con la cultura y las maneras que las personas participan en practicas tradicionales culturales. Preguntaremos sobre como usted define y comprende el genero y la sexualidad. Por favor déjeme saber si se siente incomodo al contestar cualquier pregunta.

28. En que piensa cuando escucha la palabra genero? Que tal sexualidad?
29. Cuales son sus pensamientos sobre personas de dos espíritus o transgenero? Como son integrados en nuestra comunidad? Como se comprended sus experiencias por medio de nuestras tradiciones (danza o ceremonia)?

BENEFICIOS DE SALUD TRADICIONAL EN GENERAL

Antes de preguntar sobre cuestiones de salud especificas, estamos interesados en comprender que piensa su comunidad sobre la salud y bienestar en general. Muchas culturas indígenas tienen creencias tradicionales sobre lograr salud y bienestar. Por ejemplo, alunas tribus Nativas usan el circulo de medicina para entender como la salud podría ser comprendida por medio del balance entre los mundos físicos, espirituales, mentales y emocionales.

30. Que le enseñan la danza y nuestras tradiciones sobre su salud? Que significa el ser saludable? Que significa el malestar?
31. Como le ayuda la danza y la ceremonia el lograr o mantener el bienestar? Cuales son algunas de las enseñanzas sobre la salud?

- a. Exploración: Enseñanzas sobre la salud con relación a la comida, sustancias, relaciones, y el ambiente natural? Me podría dar un ejemplo? Algo que se le ha heredado a través de las generaciones?

NECESIDADES DE SALUD COMUNITARIAS

32. Necesidades de salud comunitarias – cuales son las luchas, los retos? Necesidades? Como se satisfacen esas necesidades? Que tipo de apoyo reciben las personas de la comunidad? Hay algo que no hay disponible?
- a. Exploración: Especifico al alcohol, otras drogas
 - b. Exploración: Especifico al VIH/SIDA
 - c. Exploración: Especifico a otras condiciones de salud.
 - d. Exploración: Que actividades en la comunidad son las mas desafiantes cuando se trata de una vida saludable?
 - e. Exploración: Me podría contar sobre un evento o una experiencia que reto su habilidad de alcanzar sus metas de salud?

FORTALEZAS DE SALUD COMUNITARIAS

Cuales son algunas practicas, tradiciones, creencias, enseñanzas, personas, que le ayudan a mantener o alcanzar bienestar? Que lo mantienen bien/saludable?

- c. Exploración: Me podría dar un ejemplo o contarme sobre alguna vez cuando se sintió lo mas saludable? Que cambio para usted? Que hacia? Como vivía?
 - d. Exploración: Cuando hay alguna amenaza a su salud, a donde iría por ayuda y que tipo de apoyo buscaría?
33. Imagine que es un líder de su comunidad con una preocupación sobre su salud (VIH/SIDA, por ejemplo), cual seria su meta inmediata o enfoque? Que ocuparía para proveer apoyo a su comunidad?
34. Hay alguna otra cosa sobre la salud y tradiciones que usted cree es importante que no he preguntado?

APPENDIX C: DEMOGRAPHIC FORMS

English Version:

UNIVERSITY OF DENVER
Graduate School of Social Work
DEMOGRAPHIC INFORMATION

Q. Gender

Do you identify as:

- Male
- Female
- Transgender
- Other _____

Q. Age: _____

In what year were you born? _____

Q. Marital Status

What is your marital status?

- Now married
- Widowed
- Divorced
- Separated
- Never married
- Domestic Partnership

Q. Education

What is the highest degree or level of school you have completed? If currently enrolled, mark the previous grade or highest degree received.

- No schooling completed
- Nursery school to 8th grade
- 9th, 10th or 11th grade
- 12th grade, no diploma
- High school graduate - high school diploma or the equivalent (for example: GED)
- Some college credit, but less than 1 year
- 1 or more years of college, no degree
- Associate degree (for example: AA, AS)
- Bachelor's degree (for example: BA, AB, BS)
- Master's degree (for example: MA, MS, MEng, MEd, MSW, MBA)
- Professional degree (for example: MD, DDS, DVM, LLB, JD)
- Doctorate degree (for example: PhD, EdD)

Q. Employment Status

Are you currently...?

- Employed for wages
- Self-employed

- Out of work and looking for work
- Out of work but not currently looking for work
- A homemaker
- A student
- Retired
- Unable to work
- Other _____
- Description of current work _____

Q. Employer Type

Please describe your work.

- Employee of a for-profit company or business or of an individual, for wages, salary, or commissions
- Employee of a not-for-profit, tax-exempt, or charitable organization
- Local government employee (city, county, etc.)
- State government employee
- Federal government employee
- Self-employed in own not-incorporated business, professional practice, or farm
- Self-employed in own incorporated business, professional practice, or farm
- Working without pay in family business or farm

Q. Housing

Is this house, apartment, or mobile home -

- Owned by you or someone in this household with a mortgage or loan?
- Owned by you or someone in this household free and clear (without a mortgage or loan)?
- Rented for cash rent?
- Occupied without payment of cash rent?

Do you identify as Mexican or Latino? Y/N

Where is your family originally from? _____

Do you identify as Indigenous? Y/N

What is your indigenous heritage? _____

Spanish Version:

**UNIVERSIDAD DE DENVER
Escuela de Trabajo Social
INFORMACION DEMOGRAFICA**

Q. Genero

Se identifica como:

- Masculino
- Femenino
- Transgenero
- Otro _____

Q. Edad: _____
 En que año nació? _____

Q. Estado Civil
 Cual es su estado civil?

- Casado
- Viudo
- Divorciado
- Separado
- Nunca casado
- Unión civil

Q. Educación

Cual es el nivel mas alto de educación que completo? Si esta matriculado en este momento, marque el previo nivel completado.

- No asistió a la escuela
- Escuela elemental al grado 8
- Grado 9, 10 o 11
- Grado 12, no diploma
- Graduado de la preparatoria o equivalente (por ejemplo: GED)
- Algún crédito colegial, pero menos de un año
- 1 o mas años colegiales, no licenciatura
- Licenciatura Asociada (por ejemplo: AA, AS)
- Bachillerato (por ejemplo: BA, AB, BS)
- Maestría (por ejemplo: MA, MS, MEng, MEd, MSW, MBA)
- Licenciatura profesional (por ejemplo: MD, DDS, DVM, LLB, JD)
- Doctorado (por ejemplo: PhD, EdD)

Q. Estatus de empleo

En este momento esta...?

- Empleado por salario
- Trabajando por cuenta propia
- Sin trabajo y buscando empleo
- Sin trabajo pero no buscando empleo
- Amo/a de casa
- Un estudiante
- Retirado
- Sin poder trabajar
- Otro _____
- Descripción de trabajo _____

Q. Tipo de Empleador

Favor de describir su trabajo.

- Empleado con una compañía o negocio por salario o comisiones

- Empleado con una compañía sin fines de lucro, o de caridad
- Empleado del gobierno local (ciudad, condado, etc.)
- Empleado del gobierno estatal
- Empleado del gobierno federal
- Trabajando por su cuenta en negocio no incorporado, practica profesional, o granja
- Trabajando por su cuenta en negocio incorporado, practica profesional o granja
- Trabajando sin pago en negocio familiar o granja

Q. Vivienda

Es casa, departamento, o modular -

- Es usted dueño o alguien de su casa con hipoteca o préstamo?
- Es usted dueño o alguien de su casa sin deber hipoteca, o préstamo?
- Rentando con efectivo?
- Ocupando sin renta?

Se identifica como Mexicano o Latino? S/N

De donde es su familia originalmente? _____

Se identifica como Indígena? S/N

Cual es su historia Indígena? _____

VITA

Angela R. Fernandez earned her Bachelor of Social Work degree at the University of Wisconsin-Milwaukee in 2006, and her Master of Social Work degree from the University of Washington School of Social Work in 2007. She received her PhD from the University of Washington School of Social Work as a CSWE-SAMHSA Minority Fellow and a Ronald E. McNair Fellow, and will complete her MPH in Global Health from the University of Washington in December of 2019. Her research is built on a solid foundation of over 15 years of national and international clinical and community practice and service with Indigenous, Latinx, and other diverse, low-income populations in non-profit organizations, in the Peace Corps, and at a Federally Qualified Health Center. She uses a community-based participatory research and public health social work approach, guided by Indigenous theories and methodologies, to examine cultural, social, and environmental determinants of health and engagement within the context of settings-based protective interventions in HIV, substance abuse, mental health, and chronic disease prevention among Indigenous communities. Her doctoral research includes a NIMH (Award No. NIMH 2R25MH084565) funded HIV and AOD health needs assessment with a diverse transnational (Mexico) Indigenous population, and a NIDA (Award No. 1R01DA037176) funded outdoor, experiential AOD and obesity risk prevention health leadership intervention (Choctaw Nation of Oklahoma). Her MPH thesis research is a quantitative analysis of the Native Hawaiian and Pacific Islander National Health Information Survey (NHPI NHIS), looking at the associations between diabetes, serious psychological distress, and mental health provider utilization. Dr. Fernandez is committed to supporting Indigenous and other marginalized communities' efforts to reduce health disparities and inequities through translational, decolonizing research, community capacity building, and political advocacy to promote Indigenous health and human rights through social and environmental justice.