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NURS 501: Theoretical Foundations of Advanced Nursing

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Consumption of Traditional Alaska Native Foods as it Relates to Health

I spent much of my nursing career in small Native Alaskan majority communities. It was there I became fascinated with subsistence living – the practice of hunting and gathering foods to meet the body's energy needs. I heard from elders who would recount growing up without a store, all their sustenance gathered from the land around them. The relationship between food, culture, and health was one that I encountered daily as an inpatient nurse. It was not uncommon for the unit's fridge for patient food to be filled with seal oil, walrus, or moose dishes. I remember sitting beside one elder recovering from pneumonia. On an iPad, he showed me photos of his family. I saw his great granddaughter on the banks of a river fileting fish to be smoked. It was with pride he showed me his grandson alongside the other men who successfully hunted the first whale of the season. In the summer months, some coworkers would be gone at fish camp - a temporary camp set up alongside a nearby river where community members harvest and prepare salmon to be stored for the coming winter. Their absence would be covered under the hospital's "subsistence leave" policy. This policy gave Alaska Native staff time to engage in hunting and fishing activities meant to "fill the freezer" for the winter. The harvesting of food was vital to the culture.

Whether salmon, berries, or seal oil, traditional foods do more than nourish the spiritual and social well-being of the community. These foods and the physical activity inherent in their acquisition benefit the health of those who consume them (Redwood et al., 2019). For example, seal oil is associated with lower rates of diabetes (Alder et al., 1994). Arctic berries improve metabolic syndrome and prevent adipogenesis (Flint et al., 2011). Despite numerous benefits, consumption of these foods has decreased over time. Processed store-bought foods typical of a Western diet have taken their place. Simultaneously, rates of diabetes, cancer, and cardiovascular disease have increased in these communities. The causes of the decreased consumption of traditional foods are numerous and range from climate change to socioeconomic factors. Recession of sea ice make hunting more difficult, less bountiful, and the time commitment of hunting may no longer be realistic for some (Redwood et al., 2019).

In addition to the increased rates of diet related disease amongst Alaska Natives, there is concern that the decrease in subsistence activity diminishes cultural connection amongst youth; a sense of cultural connection is protective to the health and wellness of young Native Alaskans (Bersamin et al., 2019). While decreased consumption of traditional foods has troubling health implications, it is imperative to recognize it as merely one manifestation of the larger problem of cultural loss. As will be discussed later, understanding the root cause behind the shift in dietary patterns best informs intervention and ensures we are treating the disease and not the symptom. Subsistence is more than merely a means of acquiring healthful foods; it is an expression of culture and a way of living. A resident from the village of Seldovia said it best:

Picking berries has always been important. When there was a whole bunch of young mothers and we'd take our kids out, it was just like going out and picnicking with the kids so we'd just go out and pick berries and visit, socialize. It was a very social gathering and even now I still consider it a social gathering, whether go out with friends or just go out in nature and have the quiet time around you (Flint et al., 2011).

Health, as the World Health Organization declares, is "not merely the absence of disease." It is, "a state of complete physical, mental, and social well-being" (WHO, 2006). Traditional foods do not merely prevent disease, but support the physical, mental, and social well-being of those who hunt, gather, and consume them.

Selected Theories

I will discuss deviation from consumption of traditional foods using two models: the Health Promotion Model and the Social-Ecological Model. The Social-Ecological Model will be utilized to more thoroughly explore sociocultural factors such as the forced assimilation of Alaska Native peoples.

Developed by nurse theorist Nola Pender, the Health Promotion Model appeared in published form in 1982 (Petiprin, n.d.). It is a middle range theory that utilizes principles from nursing and behavioral science to alter behaviors in pursuit of health as defined by the World Health Organization – "a positive dynamic state not merely absence of disease" (2006). It borrows from Social Cognitive Theory by recognizing the role of personal, behavioral, and environmental aspects of behavior change. Underlying the model are four assumptions:

- 1. Individuals seek to actively regulate their own behavior.
- 2. Individuals in all their biopsychosocial complexity interact with the environment, progressively transforming the environment and being transformed over time.
- Health professionals constitute a part of the interpersonal environment, which exerts influence on persons throughout their life span.
- Self-initiated reconfiguration of person-environment interactive patterns is essential to behavior change (Petiprin, n.d.).

This assumed, Pender breaks the model down into three areas each of which influence health behaviors. These are (a) individual characteristics and experiences; (b) behavior-specific cognitions and affect; (c) behavioral outcome (Petiprin, n.d.). Individual characteristics can be thought of as the total lived experience of the patient. This includes one's previous health behaviors as well as their psychological, biological, and sociocultural background (Petiprin, n.d.). Pender postulates previous health behaviors inform a patient's relationship to future behavior change. Past behaviors shape one's feelings about the behavior, their perceived ability to change, and their thoughts on barriers to and benefits of future behavior change (Petiprin, n.d.). These individual characteristics and experiences interact with one's environment. Elements of the environment include cultural norms, the presence or absence of role models, and peer influence. Notably, Pender includes healthcare professionals as part of the interpersonal environment recognizing the provider's role in influencing behavior change (Petiprin, n.d.). These factors can either encourage or hinder positive behavior change and influence the individual's behavior-specific cognition and affect – one's attitude toward the behavior.

After one plans to change a behavior, the model states that there are two factors that influence implementing the behavior: competing demands and competing preferences. Competing demands are logistical challenges beyond the individual's control that interfere with the behavior. The time commitment of moose hunting, for example, may not be feasible for a grandfather who is the sole caregiver for his grandchildren. Competing preferences also play a role, though these are under the control of the individual. An example of this would be choosing between white bread and a healthier though less desirable alternative (Pepitrin, n.d.).

Pender's Health Promotion Model is a perfect lens through which to elucidate the problem of Alaska Native dietary patterns. The model brings specific focus to the role of environment in health and behavior. While for many food and nutrition exist as choices made at the grocery store, the reality is far different in many rural Alaska villages where the healthiest foods consumed are foraged and hunted (Redwood et al., 2019). Acquisition of food is not merely a means of health, but an expression of culture. Consequently, the environment plays a significant role in attitudes toward traditional foods. Using the model to understand the

contributions of the environment can inform solutions. Using Pender's model, seen in Figure 1, we can consider how the history of forced assimilation negatively impacted interpersonal factors and perceived self-efficacy that promote consumption of Native foods. Regarding the physical environment, climate change is forcing relocation of villages and undermining the ability of communities to engage in traditional activities (Flint et al., 2011).

While Pender's model may shed light on the downstream effects of acculturation as it relates to health behavior, it provides little insight into the processes that drive it. The Social-Ecological Model developed by social psychologist Urie Bronfenbrenner proves useful in elucidating this. As seen in Figure 2, the model describes a series of progressively larger systems that interact with one another and ultimately impact the individual. Using this model exposes the relationship between micro and macro systems of oppression. Understanding the machinations of these systems allows for their subversion for the benefit of oppressed peoples.

Theory Application

While Pender's model is useful in understanding behavioral change on the individual level, it only peripherally mentions "sociocultural" factors. It is necessary to first apply the Social-Ecological Model to understand the sociocultural history that precipitated the deviation from traditional foods. Applying the model as an adjuvant to the portion of the Health Promotion Model highlighted in pink in Figure 1 better illuminates strategies to increase consumption of traditional foods.

Operationalized Theory

Looking at the Social-Ecological Model in Figure 2, exosystem level analysis illuminates how federal policies disrupted ways of living in Indigenous communities. These communities faced forced relocation and saw industry misuse of their land and water resources. This reduced

communities' ability to use traditional knowledge to engage in subsistence activities. In the absence of traditional food resources and in the context of financial poverty, the federal government stepped in with food distribution programs. Unfortunately, distributed foods were typically high in fat, salt, and generally unhealthy. Unlike the physically demanding harvest of traditional foods, distribution programs reduced physical activity and engagement with the environment (DeBruyn et al., 2020).

Boarding schools provide another clear example of exosystemic level policy. Forcing youth into schools (i.e. microsystems) prevented acquisition of their group's language and the opportunity to learn cultural traditions. This was done with intention. Assimilation was the goal of schooling American Indians. "Kill the Indian, save the man," said Richard Henry Pratt describing his philosophy as founder and superintendent of Carlisle Indian Industrial School (U.S. Indian Boarding School History, n.d.). Microsystems encouraging shame about Native Alaskan identity continue to exist, though arguably not as abjectly as the boarding school era. In 2020, the Anchroage Daily News ran a story about a father who had to explain why traditional Alaska Native foods were listed in the book, "Take Your Pick of Disgusting Foods" to his sevenyear-old Filipino and Alaska Native son. His son had found the book in his school library. The father remarked, "In the larger scheme of things, it teaches kids to be disrespectful to other cultures. And then, on the more everyday scale, it can lead to teasing. It can lead to bullying for kids who may have those foods as their traditional cultural dishes" (Oliver, 2020). This fathers quote captures perfectly how microsystem environments reinforce cultural attitudes (i.e. macrosystems) and impact individuals.

The Social-Ecological Model portrays a sociocultural landscape that is actively hostile to the culture and traditions of Alaska Native peoples. For an intervention to be effective, it cannot come from the hostile culture, but must be developed and driven by Alaska Natives.

Communities craft initiatives that best consider their culture, local environments, and support community autonomy. Knowing the importance of tribally-driven initiatives, I will highlight two Alaska Native led initiatives that leverage factors in Pender's model to increase consumption of traditional foods.

Program #1

As noted in the example of the man whose child found a book describing traditional foods as "disgusting", media plays an integral role in how consumption of these foods is perceived. Fortunately, the power of media can be wielded productively. Airing first in 2019, the PBS animated series *Molly from Denali* features a young Alaska Native girl and her adventures in Qyah, a fictional Native village. Food is heavily featured in many of the episodes. Tlingit writer for the show, Vera Starbard, beautifully captures the power of positive media:

Just as negative portrayals of our cultural foods, or lack of portrayal, can ingrain themselves in children's ideas of how valued that person or their culture is, the positive portrayal and exposure to these foods can speak to just how wonderful being an Alaska Native child can be (Starbard, 2020).

Princess Daazharaii Johnson, the Creative Producer of the show, talks about how vastly different her childhood feelings about traditional foods were compared to her own child. Her son, she says, expresses nothing but glee about his favorite traditional foods:

When I was his age, I would have been too shy to be so open about my love of Native foods for fear someone might shame me. By his age, I had heard all sorts of negative things uttered by my classmates and others about us as Alaska Native people and the foods we ate. My son, though, who can also be shy, isn't growing up with that stigma (Starbard, 2020).

Using the Social-Ecological Model, these stories demonstrate how media can transform cultural attitudes. If we look at Pender's model, positive media depictions directed at youth influence many of the factors that inform health behavior. Interpersonal influences are of note. Molly exists as a role model of a proud Alaska Native who normalizes traditional foods and practices. This may influence how youth perceive relatives who consume more of these foods. If, for example, a child feels more drawn toward her grandmother who she sees consuming a food featured on the program, it can have a synergistic effect whereby her grandmother is also perceived as a role model. Affect toward the behavior and the aesthetic of the behavior are transformed as well.

Program #2

As described above, behavior specific affect and cognition are integral to altering health behaviors. However, there remains the issue of self-efficacy and perceived barriers to the action. Traditional foods cannot be purchased in the store and many may lack the knowledge to harvest them. The Alaska Native Tribal Health Consortium, a non-profit health promotion organization operated collaboratively by Alaska Native Corporations, implemented a program to address this issue. *The Store Outside Your Door* is a series of webisodes that detail the harvest and preparation of traditional foods. The express intent of these "how-to" videos is to promote subsistence practices and consumption of traditional foods with the recognition this is the most healthful diet for Alaska Natives. Episodes include everything from harvesting herring eggs to making fruit leather from local berries. There is even an *Emmonak Iron Chef*, a play on the popular show where contestants in the village of Emmonak compete to see who makes the best dish. While the program focuses on food, it does so in a larger context. Efforts are not only to increase consumption of traditional foods but to highlight the wisdom inherent in Alaska Native culture (Store Outside Your Door, n.d.).

Model Strengths

The strength of Pender's model is in its recognition of the complexity of internal and external factors that influence health behavior change. While unstated, the model points to certain factors that are fixed and others that are modifiable. Biological factors, for example are fixed, while perception of benefit is modifiable. Shedding light on modifiable factors within the environment allows for health behavior promoting alterations to be made to the environment.

Pender's model is complemented by the Social-Ecological Model. While her model clearly describes person-environment interactions, the Social-Ecological Model explains interactions between the systems that constitute our sociocultural environment. Understanding these systems provides insight into the history of acculturation. To understand this history allows for initiatives to be mindful of how they are implemented given Indigenous communities' warranted mistrust of outsiders (DeBruyn, 2020).

Model Weaknesses

Pender's model contains a subtle ethnocentrism that manifests in two main ways. One, the desired outcome of "health promoting behavior" uses a traditional definition of health that may not be suitable across all cultures. While the WHO's definition is broad and largely applicable, I argue that the model needs a process to assess how the provider's health goal does and does not reflect that of the community. Federal and state funding for programs is typically tied to specific health goals such as reducing the rate of type II diabetes. However, communities naturally develop programs that encourage reclamation of cultural identity; traditional food consumption was a means of achieving this. Certainly, significant overlap exists between the two goals, however, understanding the overlap between the two is essential for outsiders working with Alaska Native communities.

Pender's model fails to give adequate space for the complex influence of colonialism on minority groups. Individuals from marginalized groups may relate to the sociocultural environment differently than others and it may play a role in perception of their own culture. An example of this is the child who found a book that described traditional foods as "disgusting." This may influence how individuals relate to others in their interpersonal environment, particularly healthcare providers. Pender discusses that the health care provider exists as an influence, though does not acknowledge historical factors that might contribute to distrust of providers. As many health care providers serving in Alaska Native communities are non-native, the model should note that the health care provider's influence may be variable.

While the Social-Ecological Model fills in some of the gaps in the Health Promotion Model, it alone is insufficient. It zooms out from the individual and give an expansive view the landscape of our sociocultural environments. While understanding these environments is essential, that knowledge alone does not provide direction for creating positive health changes. The model needs an adjuvant to provide actionable insight.

Summary

The interest of health professionals in increasing Alaska Native consumption of traditional foods is mainly related to health outcomes and diseases like diabetes. This is not imprudent as rates of diabetes, cardiovascular disease, and cancer are increasing in rural Alaska Native communities with diet as a major contributor (Redwood et al., 2019). However, when the reigns are handed to Alaska Native communities to develop novel solutions, it is clear consumption of traditional foods is more than a matter of reclaiming health. The two programs discussed do not exist in a vacuum. Contemporarily, Alaska Native youth are becoming active in climate activism, preserving the land's ability to nourish their communities (Tripp, 2019). Indigenous language immersion schools are popping up, teaching youth the language stolen from previous generations, allowing them to connect with non-English speaking elders (Hanlon, 2018). Initiatives to increase consumption of traditional foods are part of a larger movement to reclaim what was lost through forced assimilation.

Urie Bronfenbrenner's Social-Ecological Model elucidates the relationship between decreased consumptions of traditional foods and outside social, environmental, and economic pressures. A thorough understanding of the mechanisms of cultural loss can provide a path toward reclamation. This lens brings into focus why tribally-led initiatives focus on culture and not exclusively food: decreased consumption of traditional foods is only one manifestation of cultural theft on a larger scale. Simultaneous efforts to restore language, clothing, and other ways of living will likely have a synergistic effect along with diet-oriented intervention. The most important perspective gleaned from this framework is that historical trauma inflicted on Alaska Native communities bred mistrust of outsiders. Thus, impacted communities are in the best position to develop and implement interventions. Non-community member roles should be supportive in nature.

Pender's model proves useful in identifying factors that can promote or detract from changes in health promoting behaviors. An analysis of the community and identification of role models, environments, and the accessibility of traditional foods can identify ways encourage their consumption. Understanding the factors behind behavior change allows for environments to be altered to encourage such changes. The program *Molly from Denali* expertly shifts cultural

attitudes about Alaska Native foods and practices. Programs like *The Store Outside Your Door* provide actionable knowledge to increase participation in subsistence activities.

These models suggest that future research explore how non-food-based initiatives impact consumption of traditional foods. Research shows those "...who reported greater use of traditional food and harvesting activity also reported significantly greater tribal self-identification and were more likely to speak a Native language at home, use traditional remedies, or participate in or attend traditional events" (Redwood et al., 2019). While the interventions may be non-food related, that does not mean they will not contribute to changes in diet given subsistence is as much a cultural practice as it is a means of obtaining sustenance. As Pender's model addresses, feelings about previous health behaviors influence feelings on change. As is such, interventions may have more than nutritional benefits. For example, evidence suggest a strong cultural identity is protective against suicide and substance use in youth (Mohatt et al., 2012).

While these theories are helpful in shedding light on the processes that promote positive changes in health behaviors, more work is needed. These models provide a look at the issue of diet from an outside perspective. The disciplines of nursing and psychology from which the models are derived are rooted in Western thought. Through respectful and nurtured partnership with Alaska Native communities, researchers will benefit from learning more about Alaska Native ways of knowing and incorporating it into research and health policy. While these ways of knowing are not in theory format or published in peer-reviewed journals as we are accustomed, they are equally if not more important to understand and apply.

On that note I want to address the absence of Empowerment Theory from this discussion. Empowerment is a term used widely though the psychologist Julian Rappaport brought the idea to the field of social work and defines it as "the mechanism by which people, organizations, and communities gain mastery over their lives" (Zimmerman, 2000). It is discussed in the context of marginalized groups and strategies often include increasing self-efficacy – a consideration in Pender's Health Promotion Model. While it is certainly relevant to the topics discussed in this paper, it is for Alaska Native communities to define what empowerment looks like in the context of cultural reclamation. I write analyzing a "problem" as an outside who has benefited from the systems and policies that disrupted Native Alaskan ways of living. In discussion of empowerment through an academic lens, there would be an implicit premise that empowerment is something that is mine to give. As discussed, it is imperative that initiatives to promote traditional foods are tribally-led, with support in the form of allyship coming from the outside. In this instance, allyship means elevating voices and perspectives of Alaska Native such as Vera Starbard and stepping back to give space for communities to define Alaska Native culture in the absence of the outside influences that harmed them.



(Pender, 1996)





(Preventing Bullying Through Science, Policy, and Practice, 2016)

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