

EVALUATION OF A NATIVE YOUTH LEADERSHIP PROGRAM GROUNDED IN CHEROKEE CULTURE: THE REMEMBER THE REMOVAL PROGRAM

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Abstract: Indigenous youth suffer from high rates of comorbid mental and physical health disease. The purpose of this research was to evaluate an existing intervention aimed at empowering Indigenous youth, using a qualitative, community-based participatory research method. We completed focus groups with 23 program participants, and analysis revealed positive improvements in physical, emotional, social, and cultural domains. Participants noted that key social, familial, and cultural aspects of the intervention were most impactful for them. Informed by the participants' experiences, these findings offer guidance for developing interventions to reduce and/or prevent mental and physical health disparities for Indigenous youth and young adults.

INTRODUCTION

Among the more than 5.2 million Indigenous peoples living in the United States, youth (children under 18 years old) represent the largest section of this population (Norris, Vines, & Hoeffel, 2012). Indigenous youth often experience greater mental and physical health disparities compared to their peers of different cultural backgrounds, and there are limited resources available to these youth to meet their health care needs (Nash & Nagel, 2005; Wexler, DiFluvio, & Burke, 2009; Whitbeck, Yu, Johnson, Hoyt, & Walls, 2008). Many Indigenous youth intervention programs target at-risk behaviors such as substance use, school dropout, and suicidality. However, another type of intervention focuses on the use of positive socialization and cultural relevancy in order to build on youths' strengths and improve overall health and well-being (Kenyon & Hanson, 2012). Through activities geared at skill development and increasing familial and community support for Indigenous youth, the goal becomes to create a safe environment with positive relationships and activities, rather than "fixing" the youth's problems (Benson et al., 2006). Among

Indigenous youth, programs focusing on increasing resilience may actually be more effective than programs focusing on decreasing risk factors (Borowsky, Resnick, Ireland, & Blum, 1999).

Health interventions with Indigenous people require cultural centering and should utilize tribally specific health beliefs that go beyond simply cultural tailoring. The incorporation of culturally relevant teachings provides Indigenous youth with a greater connection to their tribes and communities (Garrett et al., 2014). The connection and immersion of Indigenous populations within their own culture has previously shown to be associated with positive mental and physical health outcomes and a decrease in health-related risk factors when considering suicidality, diabetes, smoking, and obesity (Carlson et al., 2017; Coe et al., 2004; Garrouette et al., 2003). For these studies, cultural connection included speaking their Native language, belief and participation in tribal ceremonies, and spending time within their tribal community. This tribal connection also fosters a positive relationship among citizens, decreasing negative behaviors, while increasing a positive bond to their family, community, and tribe. Youth indicating a strong bond among family, community members (e.g., teachers), and elders have shown greater resilience and increased protective factors compared to youth with less cultural identity (Garrett et al., 2014). Networks of social support have been associated with reduced health problems, emotional support of healthy habits, and improved health behaviors and decisions (Berkman, Glass, Brissette, & Seeman, 2000; Gottlieb, 1985).

Indigenous people that strongly and positively identify with their cultural identity and take part in traditional cultural activities are more likely to have improved academic performance (Whitbeck, Hoyt, Stubben, & LaFromboise, 2001), positive mental health in youth (MacDonald, Ford, Willox, & Ross, 2013) and adulthood (Garrouette et al., 2003), reduced substance use in youth (Yu & Stiffman, 2007) and adulthood (Stone, Whitbeck, Chen, Johnson, & Olson, 2006), and improved physical health (Garrouette et al., 2003). These results have influenced the direction of treatment for Indigenous youth, namely culture as treatment/intervention (Gone & Calf Looking, 2015). Several programs have been developed using this principle that have incorporated traditional Indigenous values into positive youth development programs (Kenyon & Hanson, 2012), as well as culture and spirituality into prevention programs (Barney, 2001; Kenyon & Hanson, 2012; Middlebrook, LeMaster, Beals, Novins, & Manson, 2001) with positive results including reduced suicidality, hopelessness, depression, and other self-reported health statuses. These programs often incorporate traditional activities, spiritual development, and support from

tribal leaders and family members and have shown a negative correlation between connection with one's community and negative health consequences.

Cherokee Current and Historical Context

The Cherokee Nation is the largest tribe in the United States, with approximately 320,000 citizens (Cherokee Nation Public Health, 2015). Cherokee Nation comprises 14 counties in Northeastern Oklahoma and is home to 63% of Cherokee citizens and to a combined 200,000 American Indian (AI) people of any affiliation. The original Cherokee homelands encompass the Southern Appalachian Mountains. Cherokees call themselves “Anigaduwagi” which translates into English as “people of Kituwah,” a place of high spiritual importance located near present-day Cherokee, North Carolina. The fundamental spiritual, ecological, social, medicinal, and food-based knowledge was born and developed in these mountains. The removal of Cherokees from their homelands to Indian Territory (known currently as Oklahoma) occurred between 1835 and 1839, resulting in at least 4,000 deaths on the journey of 1,000 miles and another 6,000 deaths that occurred in concentration camps and in preparation for removal (Perdue, 2007). A total of about 13,000 Cherokees arrived in Indian Territory post-removal. In the years following removal, many traditional practices were prohibited, including family customs, traditional community living, traditional Cherokee spirituality (until the Indian Religious Freedom Act in 1978), and use of the Cherokee language was prohibited in public schools and places.

Remember the Removal

Each year, the Cherokee Nation sponsors a group of approximately 12 individuals aged 16-24 to participate in Remember the Removal (RTR), a leadership program for Cherokee youth and young adults that began in 1984. The RTR program started as a pilot program in the Cherokee Nation Service Leadership department through experiential outdoor education. The program was designed to provide Cherokee youth with Cherokee-specific leadership skills to become leaders in the Cherokee community.

Participants complete historical and cultural courses, receive a personalized family history and genealogical chart, and train for and participate in a bicycle ride commemorating the forced removal of the Cherokee Nation from its homelands during the winter of 1838-39. The approximately 950-mile, three-week ride starts in Cherokee, North Carolina and ends in

Tahlequah, Oklahoma, the capital of the Cherokee Nation (Baker, 2015). Throughout the ride, participants travel along the Trail of Tears, where their ancestors traveled, and meet with historical and cultural experts who link their personalized family history to places and events along the northern removal route.

Remember the Removal Program Components

The RTR program is a nation-building program that aims to create Cherokee leaders through training in Cherokee history, culture, and language. The training schedule (see Table A1) includes the following components:

- **Cherokee leadership.** Shared leadership (Wang, Waldman, & Zhang, 2014) along with emotional connections among team members (Mills, 2009) are key components of an Indigenous style of leadership and teamwork (Bryant, 1996, 1998) In fact, “transforming competition into cooperation, promoting group harmony, facilitating unity, understanding and working with group and individual talents to sustain community within a social, cultural, and spiritual framework of practices were the foundation of historic Indigenous community leadership” (Cajete, 2016, p. 365).
- **Nation Building.** Cherokee-specific nation building is a critical part of the RTR program that aims to educate tribal citizens on their unique political state, Cherokee history, and culture so that they may be informed and participatory citizens (Stephenson, 2006).
- **Cherokee Culture.** Cultural training and revitalization occurs through the increased use and awareness of cultural language, practices, ceremonies, traditions, and historical knowledge, which can increase a sense of cultural identity. Cultural connectedness has been cited as a vital protective factor in Native youth resiliency (Mohatt, Thompson, Thai, & Tebes, 2014; Wexler et al., 2009).
- **Cherokee History.** Although assimilation tactics have led to a deprivation in documenting some history, tribal citizens, orators, and storytellers have preserved many significant historical elements (Echo-Hawk, 2000; Heredia, 2000). Connecting youth to their history can lead to an increase in their cultural identity and connection within their community, which can then lead to increased health and overall well-being.
- **Memorial Journeys.** Tribal memorial journeys pay tribute to tragedies and/or events significant to the historical context of that culture, such as the forced removal of the Cherokees. Memorial journeys can provide pride in one’s culture, a strengthened

cultural identity, an opportunity to learn about and honor historical figures and events, and a reconnection to culturally important places. Currently, many Indigenous groups utilize memorial journeys to honor, recognize, and raise awareness about historical events, cultural figures, and traditional or spiritual beliefs. For example, the O'maka Tokatakiya (Future Generations) Ride ("O'maka Tokatakiya: Future generations ride," 2015), the Dakota 38 memorial ride (Şunġtáŋka Wiçayuhapi, 2018), Nihígaal béé Íina (Narindrakura, 2015), and the Nibi Water Walks ("About nibi walk," 2017).

- **Importance of Place.** Land-based education is of particular importance for Indigenous people: "If colonization is fundamentally about dispossessing Indigenous peoples from land, decolonization must involve forms of education that reconnect Indigenous peoples to land and the social relations, knowledges, and languages that arise from the land" (Wildcat, McDonald, Irlbacher-Fox, & Coulthard, 2014, p. 1). Not only is decolonization a critical part of place-based curriculum for learning history and culture for Indigenous peoples, it moves into re-inhabiting, which involves "learning to live well socially and ecologically in places that have been disrupted and injured" (Gruenewald, 2008). Historical education and place-based learning are tied together for Indigenous people as they re-occupy places and create new relationships with places that have been taken from them, are now changed, or were places of trauma and suffering.

Therefore, programs that facilitate cultural knowledge and pride through journeys of cultural importance may be able to redress the imbalance that many Indigenous communities currently feel and improve health and well-being outcomes. The RTR program provides an excellent model of tradition, promotion of health, and instills pride in Cherokee history, which has the ability to impact an array of positive outcomes for Cherokee people. While physical health was relevant to this program given it required quite a bit of exercise, it is not a health program and, therefore, did not have staff such as nutritionists or health goals. Identifying core aspects of the program and assessing program outcomes is critical so that it may be replicated in other areas of Cherokee life and be accessible to the greater Cherokee Nation and the larger Indigenous population. Despite its 34-year tenure, the impact of RTR has never been formally assessed.

Research Approach and Theory

In order to evaluate the RTR program, we utilized methods and theory specific to the research population to address the research question: How does the RTR program affect the lives of participants in areas of physical, emotional, social, and cultural health and well-being (Engel, 1977, 1992; Hodgson, Lamson, & Reese, 2007)? Theories around youth-based research and tribal research, including decolonizing methodologies, and collaborative principles were applied (Duran, 2006; Straits et al., 2012). This project was situated in Indigenous research principles that argue that “knowledge is relational” and that the researcher themselves is “accountable to your relations” in completing this work (Wilson, 2008, p. 74; 77). Therefore, this project began with consultation and discussion with program administration for over one year to ensure that the project represented the needs of the community. Collaboration occurred between a tribal citizen/researcher, program staff, and community stakeholders to facilitate, evaluate, and highlight a successful community-created project partnering with community partners at every stage of research. Presentations and publications were co-presented and co-authored. Further, relationships were developed through this project between the researcher and participants, resulting in lasting friendships and reciprocal mentoring relationships as well.

METHODS

This qualitative study used decolonizing theory and methodologies (Smith, 1999) to guide this research. In order to keep Indigenous knowledge at the forefront of this work, a tribally-driven participatory research approach was used (Straits et al., 2012), which relies on talking as a key method to gather data. Exploratory evaluation (Patton, 2002; Shields & Rangarajan, 2013) and focus group (Krueger, 2009) strategies were used to assess the outcomes of the RTR program. This preliminary program evaluation sought to gather initial trends and patterns around health and well-being outcomes related to the RTR program. This broad and flexible assessment was also intended to create a guide to improve and/or develop similar programs, depending on its effectiveness.

Sample and Procedure

Participants who completed the first cohort of RTR (1984, $n = 14$; 18 were invited—19 participated in the RTR program but one had passed away) and a recent cohort of RTR participants (2015, $n = 9$; 12 were invited) were invited to participate in focus groups, which were conducted

at the Cherokee Nation in Tahlequah, Oklahoma. Participants were stratified by cohort so that people from the same cohorts remained together and then were assigned to groups of approximately five to seven, given evidence that groups with more than six members may be less effective in gathering rich data (Morgan, 1997). Two facilitators led the focus group sessions. Ethical permission for this project was granted by the Cherokee Nation and the University of Minnesota Duluth Institutional Review Boards. All participants provided informed consent. Part of the consent required participants to take an oath of confidentiality in regard to what was shared within each group. Focus group sessions were voice recorded, checked for quality, and then kept in a password-protected computer that was only accessible to the researchers. At the conclusion, participants received a meal, \$30 gift card, and a small gift of thanks for their participation.

The grand tour question (Colaizzi, 1978), or the main question, that was asked of participants was, “What was your experience as a participant of the Remember the Removal program and how has it affected your life?” Mini tour questions (sub-questions) are detailed in Table A2. These questions were meant to serve as a guide and not to be followed explicitly. A facilitator’s guide was created and distributed that contained a checklist, list of questions, and interview tips (Krueger & Casey, 2015).

A research assistant transcribed the four focus group discussions. Participants were then given an opportunity to view and edit their transcripts to verify their responses. Three participants added written comments to their verbal responses. No data was withdrawn.

Data Analysis

The purpose of the study was to determine the impact and effectiveness of the RTR program on the participants across and by cohort. NVIVO (2016; 11.2.1) software was used for data management and analysis. NVIVO was used to code, organize, and analyze transcribed data by two researchers. Narrative analysis (Lieblich, Tuval-Mashiach, & Zilber, 1998) focused on the meaning ascribed to RTR or the question, “How did the RTR affect your life?” This thematic analysis led to identification of nodes that house relevant text across transcripts and groups, and more nodes were added throughout the process. Once identified, initial, open coding was performed resulting in 48 discrete themes (Charmaz, 2004; Lofland, 2006). Links connected emerging ideas or themes from multiple transcripts, and memos allowed for tracking of insights that emerged in the process. Color-coded stripes helped identify significant patterns by the density associated with the theme. Annotations were helpful to remind researchers of the meaning of

identified excerpts, themes, and distinctions. The first author created and maintained a codebook to organize the themes. A second researcher completed coding on 50% of the raw data using the codebook. NVIVO allowed for the researchers to access the data files from different locations. After comparison of thematic results, high fidelity was attained with consensus on all themes. Next, focused coding techniques were used to confirm the themes that described the effects of the program, and the following health categories emerged: physical, emotional, and socio-cultural health/health behavior change (Saldaña, 2009). Results are presented and organized using these three categories.

FINDINGS

Participants indicated that their involvement in RTR had profound, long-term effects. Themes describing their perspectives on the biopsychosocial and cultural impact of RTR are in the domains of physical, emotional, and socio-cultural health/health behavior change (see Table A3 for domains, definitions, and exemplar quotes). Each quote lists the participants' year of participation and quote number to indicate differing participants in no particular order. Reflections on the overall impact of the program include:

1 (2015): *I ride my bike a lot still and I have looked into triathlons. My emotional health has never been better and that's thanks to everybody on the team who was patient and helped me every time I needed it. My eating habits were awful before the ride but [program coordinator] took all the good food away and gave us the nasty healthy food (laughs), and it has left an imprint on me to eat healthier. Everybody has helped change all aspects of my health, and I couldn't thank them enough.*

2 (1984): *I look back at my life, and it was just one of the most important, significant things that I was able to observe and experience.*

Physical Health

Regarding physical health, participants discussed changes in their diet, eating habits, exercise habits, and weight. After returning home, participants reported making healthier choices at the grocery store, continued to reduce their consumption of fried foods and soft drinks, and

drank more water. Many participants lost weight during the program, with some reporting 10- to 30-pound weight loss.

Dieting and Eating Habits

Participants noted they had gained skills during the program that allowed them to navigate their food choices in a healthier way. In particular, participants described being exposed to new healthy foods and experiencing cravings for more fruit and vegetables.

1 (2015): *When I got back [from the program], I noticed the first time I had to go buy groceries; I started buying things that I never bought before. I would buy fresh fruit instead of the canned stuff. We kind of got used to this on the ride...and it's all healthier for me so, that's definitely changed my diet habits. [Other participants agree]*

2 (2015): *The eating habits was the biggest thing that changed for me because I never bought stuff like that before. But now I buy some spinach, and I'll just throw a wrap together.*

Physical Health Outcomes

1 (2015): *I lost 20 pounds over the course of training and the ride itself. So I went from 235 to 215.*

2 (2015): *[During the training] I gained some muscle weight and then I chiseled the little bit on me, so I was pretty happy.*

Psychological/Emotional

This category represents many aspects of emotional well-being. Participants were unanimous and exuberant when describing the changes to their personality, including increased confidence and pride. Major themes within this category describe improved patience, self-efficacy, leadership, and empathy. When asked how the ride has affected or changed them, participants said the following:

1 (2015): *I think I deal with stressful situations a little bit better.*

2 (2015): *I've just learned to deal with stuff better. I do have a lot more patience.*

Patience

One participant described how they learned to be more patient by observing others in the group and were inspired to change based on the positive behaviors around them:

1 (2015): *Actually, I learned from these two, just watching them. Because there was one rider, she was just so difficult, and honestly most of the people had given up on her. But these two never gave up until the day she left. They were always there to motivate her and be patient with her and help her and that was honestly really inspiring, and it helped me want to better my patience and improve it...And that's when I really started working on mine (my patience).*

Self-Efficacy

Participants described feeling more confident after the ride. They believed in themselves and their capabilities. Participants noted using their accomplishments during the program as inspiration and a source of strength during future experiences, such as when taking difficult classes, parenting children, during personal loss, and at work.

1 (1984): *Every time I hit a wall in my life I'd think, "Man, this is nothing." This is nothing because I did that trip, this is nothing, I can do this.*

2 (1984): *I'd say by 3 to 5 years after that experience I started realizing, I've got this strength that I can do whatever I want to do. I always say to my kids you can do whatever you want to do; you just got to do it.*

Not only did the effects have a delayed onset and prolonged effect for this participant, but it was also carried down as a lesson to their children. The next participant also articulates an increase in pride not just for self, but also for family and tribe. They further explain parts of the program they attribute to increasing their feelings of pride.

3 (1984): *I was just an Indian boy from a small town, but on this trip—I'm more proud to be Cherokee and more proud to know what my family and ancestors went through. It just makes me say that I'm from a really great tribe.*

This participant explained that his pride in himself grew due to the RTR program and that learning about the strength and accomplishments of his family members and ancestors fueled this pride.

Leadership

Participants discussed leadership as a skill they learned through this program. They highlighted improved skills in talking to others more effectively, becoming leaders in the workplace, and the ability to complete tasks and achieve their goals. Participants also noted Cherokee-specific components of leadership including listening to others, taking care of others, and being a dependable person. One participant summed up the effects of the RTR program on their ability to become a leader in the following way:

1 (1984): *Every day since I got home from that trail, my life has changed. I am a leader, an overcomer, and a proud Cherokee of The Smokey Mountains. If I am faced with adversity, I don't back down, and I'm not afraid. I stop and work the problem. The Trail taught each of us lots of things. It made us strong, brave, proud, unstoppable, and I think before that ride a lot of us felt invisible. We found our voice, our strength, and we were seen. We were seen by the world, but more importantly, we saw one another, and we are bound for life.*

Participants reported becoming leaders in their workplace, families, and their communities and attributed these successes to the RTR program. They were surprised by the transformation that they made in their self-efficacy and their skillset that allowed them to hold leadership positions in their places of work, communities, and their own families.

2 (1984): *I think about the directions that we've all taken since then. About the key positions that we hold. I think that if we hadn't gone through this [RTR program] then some of us wouldn't have the ability to stay above and hold the positions that we have.*

3 (1984): *My whole life was changed for the better because, I mean, I been in administration most of my career, and I never would have done things like that. I was a backward kid. Every job I ever took as an [omitted], I always wound up being*

in charge, And that's because of that trip. So I was a natural born leader, and I didn't know it.

4 (1984): *I can remember when I got the job as director, I thought, "Oh my lord!" I got the director job. Now then, I supervise 70 employees; we maintain the buildings and grounds, just being able to take what I learned from organizing [during the RTR program]. We had the cooking crew, the cleanup crew, and the set up crew. Being able to work with everybody to get one task done. I think we all learned how to speak to each other, when I say speak to each other, I mean instead of saying, "You go do this!", you ask for their help, you ask for their input. And then you, you get the buy in, and then, I mean things happen, and I don't think any of us on that ride said, "Hey, you need to go." We would say, "We need to get this done."*

Participants learned to lead by having assigned roles, completing their own tasks, and trusting the other members of the group to complete their tasks. They frequently discussed leadership, teamwork, and taking care of one another. This critical component of relationships in the context of being a good leader is an important Cherokee value. The following examples are of participants discussing how they came to learn and use these Cherokee values of leadership and relationships.

5 (2015): *I learned how to be a leader by leading by example. I learned that keeping a constant good attitude would brighten everybody else up. I did have my days, but I put the team's emotions and feelings over my own. I learned to be patient and caring to others because some weren't as strong as others or as fast. I learned to be sensitive to other's needs and how to hold out a helping hand. I learned how to be a true leader the team needed. We all did. When somebody needed help, I would ride with them and just talk to them, and we would exchange a laugh or two. When we would get a flat we would all jump off and lend a helping hand, or in our case, a tube for the tire. This ride has created future [Cherokee] leaders.*

6 (1984): *It [RTR] taught me about leadership; it taught me about working together and taught me about being there for somebody. And everything I learned on that*

trip basically [is] what I do today—I work with people, encourage, build them, give them a hug, tell them, “Come on, keep your head up, it’ll be all right.”

Participants explained that the RTR program taught them to become leaders. They reported that leadership includes being positive around others, and when you face a difficult situation, motivating one another to meet the collective goals and taking care of one another when help/collaboration is needed. Participants report still using these lessons today at work, with their families, and in their everyday lives.

Empathy

In the focus groups, participants discussed that they learned to be more aware of others’ needs because of this program. Participants detailed how they learned to take care of others, which was usually accomplished by observing how their facilitators and peers treated one another. This increased awareness of others’ needs coupled with observational learning, led to an increased involvement in helping others during and after the program.

1 (2015): *We have to support each other in all of our difficulties because we all had them on different days and your strong day might be someone’s best or someone’s weakest day.*

2 (2015): *I slowly started changing all the crooked faults in me, and my team helped me and reshaped me. I told them all about my rough childhood and how everything seemed to be falling apart. How I would spend nights in my car, literally fight my dad, steal for my family, and how I’ve been working since I was 5 trying to do anything to get a few bucks for the house. They didn’t understand because they all had never experienced it, yet they offered words of encouragement. A helping hand. They were all there for me. I then grew to be patient, understanding, sensitive to others, and even less a jerk. The constant support from everybody on the team definitely helped me be the man of the house my family needed. I can never repay the team for what they’ve done for me.*

It appears the support this participant received through this program gave them enough trust and confidence to share more with his new peers. As they felt more thankful towards their peers, they began to reciprocate the caring that they had received. An almost identical experience

of receiving kindness from peers resulting in a change of perspective, personality, and relationships was noted almost thirty years earlier during the same program:

3 (1984): *We busted the windows on the bus. We was angry about something. I don't know what we was angry about, but um we had a problem with drinking [Agreement] and uh, drugs, but, that trip really opened our eyes because we were used to just, turning to that anger. But when I got around all them—the heart, the care really built me up, made me look at things different. I thought, wow, I can do this. I can do this; this is bearable; I can do it. And got to the point where I'd start to smile a lot. [Agreement] During the trip I just started, just smiling...but it was a pretty rough time in those days.*

This participant references experiencing difficult events from their youth and responding by engaging in externalizing emotions and behaviors. They then discussed that through positive experiences with peers, “this” was now bearable. It seems “this” may be referencing both the challenges of the program and of his life, and they both became more bearable due to the “heart” and the “care” of his new friends.

Social and Cultural

Participants noted changes in their lives through improved connectedness to their tribe, peers, and family.

Cherokeeness

Participants learned about Cherokee cultural values through ancestors, elders, peers, and program coordinators. For instance, one participant discussed their experience listening to a Cherokee elder’s advice before they started their journey:

1 (1984): *He was talking to us about the trip and the journey that we were going to make. And his encouragement to us—here's a man that we didn't know from anyone, but he's there. He's trying to be positive; he's motivating us. And then, I can remember we started up that first mountain—I can still hear his words, “Be positive, stay positive. You know you can do this. Remember your Cherokee heritage. Your heritage is strong. Because your ancestors have already done this, you can do it too.”*

2 (2015): *I learned to respect elders more, to always accept food from others, and to never leave anybody behind. This ride was great for practicing our Cherokee values because I was able to do it with other Cherokees! It made it easy and pretty fun knowing that we were all trying. From time to time [program coordinator] introduced a new one [Cherokee cultural value] and then we would practice that one.*

3 (2015): *I didn't know just the importance of family, and I think it kind of just goes back to the root of what being Cherokee is all about. Being there for each other and how our people did it [during the removal]. That was one thing that I will honestly say that before that I came on the ride I was nervous. I'm not much Cherokee, and I-I thought I was going to be a problem because I'm not as much as a lot of the other people. But I didn't feel that at all, everyone made me (feel ok).*

This participant describes feelings of shame around their mixed Cherokee heritage but found acceptance of his identity through this program. They also mention Cherokee values and history knowledge pointing to the possibility that their cultural connection is no longer solely identified through his blood quantum but on his competence in Cherokee culture. Another participant discussed their struggle to decide to continue living within their Cherokee community:

4 (2015): *After I've been on this ride, if I'm going to preserve my culture, I have to stay here. Because if I move out, I'm helping deplete it and diminish it. It [RTR] made me want to stay in [the Cherokee community]... I want to be a doctor for my nation and help people who need financial help. I want to change people's lives, like mine has been changed. I want to touch people's hearts and help everybody I come to contact with, because I'll pull everybody up with me, because, like my elders say, "We are one people; we are one fire."*

This is a powerful demonstration on how this participant changed their plans to leave their Cherokee community before the RTR program and decided to stay and become a leader and embody the lessons that he learned from elders about the Cherokee teachings. Another participant felt that the cultural component was so important that it should be a part of the learning of all Cherokee children:

5 (2015): *I personally feel like if we can put our money in something that has that much of an impact on the next generation and teaches people the core values of what we want them to learn, I mean, about being Cherokee and what it's about, then I don't think you can really put a price on that.*

Social Support/Peers

Participants indicated that they developed strong and lasting friendships through this program. Over thirty years later, they still remained close.

1 (2015): *I think just, the camaraderie between everyone—it's just been great. But I think that also speaks with being on the trail too, and what our ancestors had to be. So, it was fitting. It [has] been real impactful.*

2 (1984): *To this day, we still have each other. No matter how long it's been, and it's over 30 years now, we can still contact each other or run into each other, and it's like no time has passed. We will always be close like a family. Like [name] said, "We are brothers and sisters for life." That is the most important and powerful thing to gain in this world is a family. This world is tough place to live and we are never alone thanks to that Trail. Family is a Cherokee value that was instilled in me before and since The Trail.*

Participants shared stories about how they were helped or helped others on the trip and developed intimate friendships. These experiences left lasting impressions that they still think about today.

3 (1984): *Everybody had those days where they just wanted to stop and throw that bike down [Laughter] and sit in the shade for a while, and that's what I went through. I just remember just wanting to quit, and we just, we all stopped and talked and talked. All four of us, [name], me, and [name] just all sit there and uh, talked about it, and I always remember that. That was [clears throat] that was pretty powerful.*

One participant discussed the process of developing friendships and trust in others that they were not used to doing:

4 (2015): *(I learned that) I'm not alone, that asking for help doesn't show weakness, that it's ok to let your walls down and let people in. I completely dropped all my defenses and told people on the ride everything, and it was scary at first, but now I'm such a happier and better person knowing that there are people I can actually trust.*

5 (2015): *I never felt this need and want to just want to protect him [peer] and want to like, make sure that he was going to be ok, and take care of him. I've never had this feeling of loving somebody else outside of my family and wanting to protect them like my family, and whenever we were coming up a hill and he was struggling and he was falling back, I caught him with my hand while we were still going up the hill, and I helped him get up the hill. And there were days where I felt like he did that with me, because I was getting in arguments with the staff, and I would fall back and he would just catch me.*

Participants developed lifelong friendships and lessons on being vulnerable, trusting others, and caring for others. Participants learned to recognize the needs of others, be empathic, develop feelings of love and care for their tribal peers, and learned to take care of someone outside of their direct family or extend their definition of family to their tribe.

Family

Learning about our ancestors connects us to who we are as people and families today. Participants became more acquainted with their ancestors and family members through a series of program components, including 1) receiving genealogy charts and encouragement to discuss genealogy with living family members, 2) visiting family lands in the homelands and seeing graves in the homelands and across the removal route, and 3) historical document reading. In addition to looking to the past for direction from ancestors, participants also reflected on what this program means to them with their current families and future children and grandchildren.

1 (2015): *My favorite was probably the genealogy part, where they did our genealogy because, I mean, we had family members right there in the same room when we first met; we didn't have a clue.*

2 (2015): *It's important to learn about the past so that we can keep it from repeating. I never really knew the Cherokee side of my family, so to find I had cousins on the ride with me was amazing, and now I have extended family that I still see and talk to all the time.*

Several participants noticed that things were different for them in their relationships with their family members after this program.

3 (2015): *I know just being back home, it's like I, I notice I help out more like when I go back and visit family and stuff and, like if they need help with things, I'll go out and just help them however I can.*

These participants linked their experience with peers on the ride and the lessons that they learned there with changes they made within their own family relationships when they returned.

4 (2015): *I didn't really spend a whole lot of time with them before, but I cherish family time now. I think it's one thing that I learned from this ride... Just caring for people that I didn't know, for so long, and then I slowly got to know them. That made me realize that I need to care more for my family.*

5 (2015): *There was a few days where my chain would fall off, but it was like everybody that would pass me in the line, would ask "Are you ok, are you ok, are you ok?" And then there would always be one person that would stop, so whenever I see someone actually struggling, I actually kind of think about that as when my chain fell off and everybody would stop and ask me. I use that and I just compare it to the situation. But there will be some days where my ma or my brothers aren't feeling good, and I'll think about my chain falling off, and I'll just ask them, like, "Hey, are you ok?" Because me and my brother used to fist fight all the time and argue, and so when I got back [from the RTR program], he was telling me that he missed me a whole lot, and he said he's been struggling with school and everything*

a lot, so me and him sat down, and we actually talked for, I think, 4 or 5 hours just straight, and it helped me a lot. Just to be able to help my brother get through the situation he was in.

The 1984 cohort spoke to how the ride has affected how they parent their children now:

6 (1984): *I would tell them you got to remember where you came from, and it's not just your parents, your grandparents; it goes further back than that. I said, it's just something you got to be proudful of.*

7 (1984): *I didn't want them to turn out the way I was raised. I wanted them to have, more, so that's how it [RTR] helped me. I learned to focus on life, and what was more important for my kids. I wanted to give them every chance. I teach my kids, "Don't ever underestimate yourself, because there's always someone out there's going to tear you down." I said, "You know what you're capable of doing." And that's what I taught my kids. And that's what I learned from this program.*

Critical Feedback

While participants' feedback was overwhelmingly positive in regards to the program, they did report areas of improvement as well. Many areas were around technical and planning needs. Other needs included more training around bike maintenance, more mandatory gym time before the ride, more Cherokee language lessons, and more program coordinators to address a variety of needs from diet, to health, to emotional well-being.

DISCUSSION

This project aimed to use qualitative methods to evaluate a 34-year-old, Cherokee-created program to empower tribal youth. We discovered that positive improvements were noted in the areas of physical, emotional, social, and cultural health and well-being. Participants noted that these results remained significant to them up to thirty years after the intervention was completed. While we did not set out to compare groups, the effect of the program and subsequent quotes and themes between the groups were very similar in regards to the strength of the peer groups (3 weeks vs. 34 years later), the increased pride in self and tribe, and the hopes and aspirations to

become/remain a Cherokee community leader. Some differences in content appeared to be developmental; the 1984 group spoke more about their children and passing down what they had learned while the 2015 group spoke about their family in terms of parents, siblings, and peers primarily and their future plans to become Cherokee community leaders.

Limitations

We employed focus group methodology to answer our research questions. Critics of focus groups may question the ability of researchers to generalize the results of such focus groups to larger populations (Patton, 2002); however, we did not set out to generalize but to understand this small groups' experience, to identify outcomes of this program, and to identify some driving factors of any improvements. Specifically, these results can assist researchers in the creation and evaluation of similar programs that aim to strengthen language, history, and nationhood by pointing out impactful areas for program development. Also, focus groups may be susceptible to interpretation bias by the researcher, thus paraphrasing or summarizing what has been discussed is vital to ensure the appropriate reception of information. To reduce the possibility of researcher bias, a second researcher unaffiliated with this project or community completed analysis of the data, and member/fidelity checks via feedback directly from participants were completed during several key time points of the study—both strategies that have been found effective in reducing bias (Daley, 2013).

Given the challenges that Indigenous youth face, these results present a promising direction for youth and young adult interventions to address disparities in the current health disparity target areas such as metabolic disease, depression and suicide, substance use, and high school completion. Furthermore, combining culture and health through an integrative approach cultivated a variety of positive emotions, which is valuable in both the prevention and treatment of anxiety, stress, and other behavioral health problems (Fredrickson, 2000). Although the RTR program encompasses many types of intervention, participants noted that some were more salient for them, including genealogy, Cherokee culture and language, and place-based historical learning. It is important to note the RTR programs' unique combination of cultural and historical components were selected by and for community members.

By honoring historical events, Indigenous people are able to acknowledge their history, establish a greater connection with their cultural and historical background, revitalize cultural and language practices, and address current issues facing Indigenous people through heightened

awareness, discussion, prayer, and ceremony. This project is one of the first to address the impact of these journeys on its participants following the event. The potential of these journeys to increase a sense of community and tribal pride among its members has an important significance in the ability of these events to increase the health status and overall well-being among Indigenous youth.

Another central component of this program is learning the Cherokee culture and language. Themes matched and described traditional Cherokee ways of interacting, indicating that this program taught or encouraged these value systems. Consequently, this study's participants noted that they experienced a link between learning more about Cherokee culture and history and improved physical, emotional, social, and cultural health, suggesting that cultural revitalization may be the key to reduce health disparities for Indigenous populations. Recent studies have demonstrated that the loss of a tribal culture and language is related to worsened mental and physical health (Whalen, Moss, & Baldwin, 2016). However, there remains a great need for the assessment of such practices in measuring the effects of cultural revitalization programs (Yazzie-Mintz, 2011).

CONCLUSION

The results of this study identified specific examples of improved physical, emotional, social, and cultural health and well-being in relation to the RTR program that can provide a foundation for the development, implementation, and evaluation of other programs. Specifically, the findings from this study demonstrate the importance of traditional revitalization of culture, language, and history for addressing the health of individuals, particularly Indigenous people. Key findings from this study emphasize the vitality and value in holistic approaches in addressing and preventing adverse health conditions, as well as promoting healthy habits. Sustained program evaluation of the RTR program will provide additional information on the long-term impact this type of intervention provides and provide the key ingredients necessary for Indigenous health promotion programs.

REFERENCES

- About Nibi Walk. (2017). Retrieved from <http://www.nibiwalk.org/about/>
- Barney, D. D. (2001). Risk and protective factors for depression and health outcomes in American Indian and Alaska Native adolescents. *Wicazo Sa Review*, 16(1), 135-150. Retrieved from <https://www.jstor.org/stable/1409451>

- Benson, P., Scales, P., Hamilton, S., Sesma Jr, A., Hong, K., & Roehlkepartain, E. (2006). Positive youth development so far: Core hypotheses and their implications for policy and practice. *Search Institute Insights & Evidence*, 3(1), 1-13. Retrieved from <https://www.search-institute.org/search-institute-insights-evidence/>
- Berkman, L. F., Glass, T., Brissette, I., & Seeman, T. E. (2000). From social integration to health: Durkheim in the new millennium. *Social Science and Medicine*, 51(6), 843-857. [http://dx.doi.org/10.1016/S0277-9536\(00\)00065-4](http://dx.doi.org/10.1016/S0277-9536(00)00065-4)
- Borowsky, I. W., Resnick, M. D., Ireland, M., & Blum, R. W. (1999). Suicide attempts among American Indian and Alaska Native youth: Risk and protective factors. *Archives of Pediatrics and Adolescent Medicine*, 153(6), 573-580. <http://dx.doi.org/10.1001/archpedi.153.6.573>
- Bryant, M. T. (1996). *Contrasting American and Native American views of leadership*. Paper presented at the 10th Annual Meeting of the University Council for Educational Administration; October 25-27, 1996, Louisville, KY.
- Bryant, M. T. (1998). Cross-cultural understandings of leadership: Themes from Native American interviews. *Educational Management Administration and Leadership*, 26(1), 7-20. <http://dx.doi.org/10.1177/0263211X98261002>
- Cajete, G. A. (2016). Indigenous education and the development of Indigenous community leaders. *Leadership*, 12(3), 364-376. <http://dx.doi.org/10.1177/1742715015610412>
- Carlson, A. E., Aronson, B. D., Unzen, M., Lewis, M., Benjamin, G. J., & Walls, M. L. (2017). Apathy and Type 2 Diabetes among American Indians: Exploring the protective effects of traditional cultural involvement. *Journal of Health Care for the Poor and Underserved*, 28(2), 770. <http://dx.doi.org/10.1353/hpu.2017.0073>
- Charmaz, K. (2004). Premises, principles, and practices in qualitative research: Revisiting the foundations. *Qualitative Health Research*, 14(7), 976-993. <http://dx.doi.org/10.1177/1049732304266795>
- Cherokee Nation. (2018). *Remember the Removal*. Retrieved at <https://remembertheremoval.cherokee.org/>
- Cherokee Nation Public Health. (2015). *State of the Cherokee Nation Health Report and Plan 2014*. Retrieved from <http://cherokeepublichealth.org/wp-content/uploads/2015/08/State-of-The-Cherokee-Nation-Health-Report-and-Plan-2014-Lo-Res.pdf>
- Coe, K., Attakai, A., Papenfuss, M., Giuliano, A., Martin, L., & Nuvayestewa, L. (2004). Traditionalism and its relationship to disease risk and protective behaviors of women living on the Hopi reservation. *Health Care for Women International*, 25(5), 391-410. <http://dx.doi.org/10.1080/07399330490438314>

- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. Vaile & M. King (Eds.), *Existential phenomenological alternatives for psychology* (pp. 48). New York, NY: Oxford University Press.
- Daley, A. M. (2013). Adolescent-friendly remedies for the challenges of focus group research. *Western Journal of Nursing Research*, 35(8), 1043-1059. <http://dx.doi.org/10.1177/0193945913483881>
- Duran, E. (2006). *Healing the soul wound: Counseling with American Indians and other native peoples*. New York, NY: Teachers College Press.
- Echo-Hawk, R. C. (2000). Ancient history in the New World: Integrating oral traditions and the archaeological record in deep time. *American Antiquity*, 65(2), 267-290. <http://dx.doi.org/10.2307/2694059>
- Engel, G. L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196(4286), 129-136. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/847460>
- Engel, G. L. (1992). The need for a new medical model: A challenge for biomedicine. *Family Systems Medicine*, 10(3), 317-331. <http://dx.doi.org/10.1037/h0089260>
- Fredrickson, B. L. (2000). Cultivating positive emotions to optimize health and well-being. *Prevention & Treatment*, 3(1). <http://dx.doi.org/10.1037/1522-3736.3.1.31a>
- Garrett, M. T., Parrish, M., Williams, C., Grayshield, L., Portman, T. A. A., Rivera, E. T., & Maynard, E. (2014). Invited commentary: Fostering resilience among Native American youth through therapeutic intervention. *Journal of Youth and Adolescence*, 43(3), 470-490. <http://dx.doi.org/10.1007/s10964-013-0020-8>
- Garrouette, E. M., Goldberg, J., Beals, J., Herrell, R., Manson, S. M., & the AI-SUPERPFP Team. (2003). Spirituality and attempted suicide among American Indians. *Social Science and Medicine*, 56(7), 1571-1579. [http://dx.doi.org/10.1016/S0277-9536\(02\)00157-0](http://dx.doi.org/10.1016/S0277-9536(02)00157-0)
- Gone, J. P., & Calf Looking, P. E. (2015). The Blackfeet Indian culture camp: Auditioning an alternative indigenous treatment for substance use disorders. *Psychological Services*, 12(2), 83-91. <http://dx.doi.org/10.1037/ser0000013>
- Gottlieb, B. H. (1985). Social support and community mental health. In S. Cohen & S. L. Syme (Eds.), *Social support and health* (pp. 303-326). New York, NY: Academic Press.
- Gruenewald, D. A. (2008). The best of both worlds: A critical pedagogy of place. *Environmental Education Research*, 14(3), 308-324. <http://dx.doi.org/10.1080/13504620802193572>
- Heredia, R. C. (2000). Tribal history: Living word or dead letter? *Economic and Political Weekly*, 35(18), 1522-1525. Retrieved from <https://www.epw.in/>

- Hodgson, J., Lamson, A. L., & Reese, L. (2007). The Biopsychosocial-Spiritual Interview method. In D. Linville & K. M. Hertlein (Eds.), *The therapist's notebook for family health care: Homework, handouts, and activities for individuals, couples, and families coping with illness, loss, and disability*. (pp. 3-12). New York, NY: Haworth Press.
- Kenyon, D., & Hanson, J. D. (2012). Incorporating traditional culture into positive youth development programs with American Indian/Alaska Native youth. *Child Development Perspectives*, 6(3), 272-279. <http://dx.doi.org/10.1111/j.1750-8606.2011.00227.x>
- Krueger, R. A. (2009). *Focus groups: A practical guide for applied research* (4th ed.). Los Angeles, CA: SAGE Publications, Inc.
- Krueger, R. A., & Casey, M. A. (2015). *Focus groups: A practical guide for applied research* (5th ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Lieblich, A., Tuval-Mashiach, R., & Zilber, T. B. (1998). *Narrative research: Reading, analysis and interpretation*. Thousand Oaks, CA: SAGE Publications, Inc.
- Lofland, J. (2006). *Analyzing social settings: A guide to qualitative observation and analysis* (4th ed.). Belmont, CA: Wadsworth/Thomson Learning.
- MacDonald, J. P., Ford, J. D., Willox, A. C., & Ross, N. A. (2013). A review of protective factors and causal mechanisms that enhance the mental health of Indigenous Circumpolar youth. *International Journal of Circumpolar Health*, 72(1), 1-18. <http://dx.doi.org/10.3402/ijch.v72i0.21775>
- Middlebrook, D. L., LeMaster, P. L., Beals, J., Novins, D. K., & Manson, S. M. (2001). Suicide prevention in American Indian and Alaska Native communities: A critical review of programs. *Suicide and Life-Threatening Behavior*, 31(Suppl), 132-149. <http://dx.doi.org/10.1521/suli.31.1.5.132.24225>
- Mills, L. B. (2009). A meta-analysis of the relationship between emotional intelligence and effective leadership. *Journal of Curriculum & Instruction*, 3(2), 22. <http://dx.doi.org/10.3776/joci.2009.v3n2p22-38>
- Mohatt, N. V., Thompson, A. B., Thai, N. D., & Tebes, J. K. (2014). Review: Historical trauma as public narrative: A conceptual review of how history impacts present-day health. *Social Science and Medicine*, 106, 128-136. <http://dx.doi.org/10.1016/j.socscimed.2014.01.043>
- Morgan, D. L. (1997). *Focus groups as qualitative research* (2nd ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Narindrakura, N. (2015). Nihígaal béé fina: Our journey for existence. Retrieved from <https://www.indiegogo.com/projects/nihigaal-bee-iina-our-journey-for-existence#/>

- Nash, D. A., & Nagel, R. J. (2005). Confronting oral health disparities among American Indian/Alaska Native children: The pediatric oral health therapist. *American Journal of Public Health*, 95(8), 1325-1329. <http://dx.doi.org/10.2105/AJPH.2005.061796>
- Norris, T., Vines, P. L., & Hoeffel, E. M. (2012). *The American Indian and Alaska Native population: 2010*. U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/cen2010/briefs/c2010br-10.pdf>
- O'maka Tokatakiya: Future generations ride. (2015). Retrieved from <https://omakatokatakiya.wordpress.com>
- Patton, M. Q. (2002). *Qualitative research & evaluation methods* (3rd ed.). Thousand Oaks, CA: SAGE Publications, Inc.
- Perdue, T. (2007). *The Cherokee Nation and the Trail of Tears*. New York, NY: Viking.
- Saldaña, J. (2009). *The coding manual for qualitative researchers*. Thousand Oaks, CA: SAGE Publications, Inc.
- Shields, P. M., & Rangarajan, N. (2013). *A playbook for research methods: Integrating conceptual frameworks and project management*. Stillwater, OK: New Forum Press.
- Smith, L. T. (1999). *Decolonizing methodologies: Research and indigenous peoples*. London: Zed Books Ltd.
- Stephenson, C. (2006). *Nation Building*. The Beyond Intractability Project, The Conflict Information Consortium, University of Colorado. Retrieved from <http://www.beyondintractability.org/essay/nation-building>
- Stone, R. A. T., Whitbeck, L. B., Chen, X., Johnson, K., & Olson, D. M. (2006). Traditional practices, traditional spirituality, and alcohol cessation among American Indians. *Journal of Studies on Alcohol*, 67(2), 236-244. <http://dx.doi.org/10.15288/jsa.2006.67.236>
- Straits, K. J. E., Bird, D. M., Tsinajinnie, E., Espinoza, J., Goodkind, J., Spencer, O., . . . The Guiding Principles Workgroup. (2012). *Guiding principles for engaging in research with Native American communities, version 1*. UNM Center for Rural and Community Behavioral Health & Albuquerque Area Southwest Tribal Epidemiology Center. Retrieved from https://hsc.unm.edu/vision2020/common/docs/Guiding_Principles_Research_Native_Communities2012.pdf
- Šunġtānġka Wiċayuhapi. (2018). *Dakota 38 + 2 memorial ride*. Retrieved from <http://sunktanka.weebly.com/dakota-38-plus-2-memorial-ride.html>
- Wang, D., Waldman, D., & Zhang, Z. (2014). A meta-analysis of shared leadership and team effectiveness. *Journal of Applied Psychology*, 99(2), 181-198. <http://dx.doi.org/10.1037/a0034531>

- Wexler, L. M., DiFluvio, G., & Burke, T. K. (2009). Resilience and marginalized youth: Making a case for personal and collective meaning-making as part of resilience research in public health. *Social Science and Medicine*, 69(4), 565-570. <http://dx.doi.org/10.1016/j.socscimed.2009.06.022>
- Whalen, D., Moss, M., & Baldwin, D. (2016). Healing through language: Positive physical health effects of Indigenous language use. *F1000Research*, 5. <http://dx.doi.org/10.12688/f1000research.8656.1>
- Whitbeck, L. B., Hoyt, D. R., Stubben, J. D., & LaFromboise, T. (2001). Traditional culture and academic success among American Indian children in the Upper Midwest. *Journal of American Indian Education*, 40(2), 48-60. Retrieved from <https://www.jstor.org/stable/24398333>
- Whitbeck, L. B., Yu, M., Johnson, K. D., Hoyt, D. R., & Walls, M. L. (2008). Diagnostic prevalence rates from early to mid-adolescence among Indigenous adolescents: First results from a longitudinal study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47, 890-900. <http://dx.doi.org/10.1097/CHI.0b013e3181799609>
- Wildcat, M., McDonald, M., Irlbacher-Fox, S., & Coulthard, G. (2014). Learning from the land: Indigenous land based pedagogy and decolonization. *Decolonization: Indigeneity, Education & Society*, 3(3), 1. Retrieved from <https://jps.library.utoronto.ca/index.php/des/article/view/22248>
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Black Point, N.S.: Fernwood Publishing.
- Yazzie-Mintz, T. (2011). Native teachers' beliefs and practices: Choosing language and cultural revitalization over uniformity and standardization. *Contemporary Issues in Early Childhood*, 12(4), 315-326. <http://dx.doi.org/10.2304/ciec.2011.12.4.315>
- Yu, M., & Stiffman, A. R. (2007). Culture and environment as predictors of alcohol abuse/dependence symptoms in American Indian youths. *Addictive Behaviors*, 32(10), 2253-2259. <http://dx.doi.org/10.1016/j.addbeh.2007.01.008>

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APPENDIX

Table A1
Remember the Removal Training Schedule

| Instructor | Location | Description | Purpose | Interval | Pre-Ride/ During Ride |
|------------------------------|-----------------------------------|--|--|---|----------------------------------|
| Cherokee Culture | | | | | |
| CN Instructor | In class | Lecturer provides historical and current cultural knowledge to participants in a lecture form | To engage participants in Cherokee cultural ways and beliefs | Jan 17 - May 31: 23 Lectures; 1 x week for 30 min | Pre-Ride |
| Cherokee Language | | | | | |
| CN Instructor | In class | Lecturer teaches participants Cherokee words, sayings, and to write and read Cherokee syllabary | To increase participants knowledge and use of the Cherokee language | Jan 17 - May 31: 23 Lectures; 1 x week for 30 min | Pre-Ride |
| Cherokee History | | | | | |
| CN Instructor | In class | Lecturer teaches participants Cherokee history in a lecture and discussion format, focusing on the Removal period | To improve Cherokee historical knowledge and increase pride in the Cherokee Nation and build nationhood | Jan 17 - May 31: 23 Lectures; 1 x week for 30 min | Pre-Ride |
| | Homework and in-class discussions | 1 Book (<i>The Cherokee Nation and the Trail of Tears</i> , Theda Purdue & Michael Green) 1 Journal (Rev. Daniel S. Butrick's) | To learn the history of the forced removal and the Cherokee language, history, and culture prior to, during, and post removal | Jan 17 - May 31 | Both |
| On-site Historian | On-site | Approximately 100 sites in total | To connect the events of the removal in a tangible way for the participants and to help preserve these site for future generations | Jun 1 - Jun 27 | During Ride |
| | Journals/ Graves | 80 | To experience first-hand accounts of historical events and visit real people who were affected by these events | Jun 1 - Jun 27: Daily | During Ride |

continued on next page

Table A1 Continued
Remember the Removal Training Schedule

| Instructor | Location | Description | Purpose | Interval | Pre-Ride/ During Ride |
|------------------------------------|----------------------|---|--|--|--------------------------|
| Cherokee History | | | | | |
| Local Cherokee Experts | On-site | 10 | To experience first-hand accounts of historical events and visit real people who were affected by these events | Jun 1 - Jun 27: Regularly | During Ride |
| State/National Park Experts | On-site | 10 | To gain local/regional historical knowledge about these events | Jun 1 - Jun 27: Regularly | During Ride |
| Genealogy | | | | | |
| CN Genealogist | | Individual genealogy of each participant, including the support staff | To connect each participant to the removal, their family members, and to each other To expand on Cherokee family past and historical events | May | During Ride |
| Exercise | | | | | |
| | Gym/Pool/ Outside | Various workouts outdoors and in the Cherokee Nation gym on the weekend Self-led during the week | To increase endurance/stamina/strength | Jan 21 - Mar 1: 2 x week as group; 2 x week on their own Mar 1 - May 27: 2-3 x during the week on their own | Pre-Ride |
| | Cycling | Riding bikes together as a team | To experience removal route intimately and timely and to optimize exercise and health | Jan 21 - Mar 1: None Mar 1 - May 27: 2 x week as group; 3-4 x during the week on their own May 30 - Jun 22: 50-70 miles/day; 2 rest days | Both |

continued on next page

Table A1 Continued
Remember the Removal Training Schedule

| Instructor | Location | Description | Purpose | Interval | Pre-Ride/ During Ride |
|---|-----------------|--|---|--------------------|----------------------------------|
| Diet | | | | | |
| Trainers/ Facilitators | | Participants are encouraged to eat well-balanced meals and to not drink soft drinks or eat fried foods during training | To provide positive, healthy diet instructions, especially as participants transition to intense work outside | 2 x week reminders | Both |
| Bicycle Maintenance & Training | | | | | |
| CN Trainer | | Participants learn how to ride a road bicycle; use hand signals for safety and care for and repair the bicycles. | To build confidence and knowledge around bicycling To learn to assist other riders with bicycle safety and maintenance and to learn to work together as a team | Mar 1 - Jun 22 | Both |
| | | Alumni riders assist with training (one main trainer and several volunteer Alumni riders from various years) | To help support new riders and set expectations for them of what the ride will be like and what they will gain from the experience | Jan 31 - May 27 | Both |

Table A2
Focus Group Questions

| | |
|----------------------------|--|
| Grand Tour Question | 1. What was your experience participating in the Remember the Removal program and how has it affected your life? |
| Sub-Questions | <p>2. What were your favorite parts of the program?</p> <p>3. What positive outcomes did you experience after the program was completed? → If not discussed ask about the following areas:</p> <p>3a. Cherokee cultural knowledge (culture, language, etc.)</p> <p>3b. Cherokee identity</p> <p>3c. Involvement in Cherokee leadership activities</p> <p>3d. Social connections (Peers, family, etc.)</p> <p>3e. Emotional health (stress, difficult situations, etc.)</p> <p>3f. Physical health (eating habits, exercise, etc.)</p> <p>4. What was the hardest part of the program? Follow-up: How did you get through it?</p> <p>5. What parts of the program did you not enjoy/would you change?</p> <p>6. Have you experienced any negative outcomes as a result of participation in RTR?</p> <p>7. What are events that occurred during RTR that stand out as the most powerful for you?</p> |
| Wrap-up Questions | <p>8. Is there anything that we should have talked about but didn't in regards to your experience of RTR?</p> <p>9. Of all the topics that we discussed or things that came up for you, what is the most important experience that came up for you?</p> |

Table A3
Domains, Definitions, and Exemplar Quotes

| Domain | Definition | Exemplar Quotes |
|----------------|---|---|
| Physical | The changes in diet, eating habits, exercise habits, and weight | <p>"When I got back [from the program], I noticed the first time I had to go buy groceries; I started buying things that I never bought before. I would buy fresh fruit instead of the canned stuff. We kind of got used to this on the ride...and it's all healthier for me so, that's definitely changed my diet habits."</p> <p>"I lost 20 pounds over the course of training and the ride itself. So I went from 235 to 215."</p> |
| Emotional | Improved patience, self-efficacy, leadership, and empathy | <p>"Every day since I got home from that trail, my life has changed. I am a leader, an overcomer, and a proud Cherokee of The Smokey Mountains. If I am faced with adversity, I don't back down, and I'm not afraid. I stop and work the problem. The Trail taught each of us lots of things. It made us strong, brave, proud, unstoppable, and I think before that ride a lot of us felt invisible. We found our voice, our strength, and we were seen. We were seen by the world, but more importantly, we saw one another, and we are bound for life."</p> <p>"It [RTR] taught me about leadership, it taught me about working together, and taught me about being there for somebody. And I didn't realize that one day I'd be using it for the future. I look back and I'm like "wow." And everything I learned on that trip basically [is] what I do today—I work with people, encourage, build them, ya know, either, give them a hug, tell them, 'Come on, ya know, keep your head up, it'll be all right.'"</p> |
| Socio-cultural | Changes in the domains of improved connectedness to their tribe, improved social connections (peers and family), and increased connection to their family | <p>"After I've been on this ride, if I'm going to preserve my culture, I have to stay here. Because if I move out, I'm helping deplete it and diminish it. It [RTR] made me want to stay in [the Cherokee community]. ...I want to be a doctor for my nation and help people who need financial help. I want to change people's hearts and help everybody I come to contact with, because...I know what it's like to be in the basement and now I know what it's like being on the top floor. I'll pull everybody up with me, because, like my elders say, 'We are one people, we are one fire.'"</p> <p>"To this day, we still have each other. No matter how long it's been, and it's over 30 years now. We can still contact each other or run into each other, and it's like no time has passed. We will always be close like a family. Like [name] said, 'We are brothers and sister for life.' That is the most important and powerful thing to gain in this world is a family. This world is tough place to live and we are never alone thanks to that Trail. Family is a Cherokee value that was instilled in me before and since The Trail."</p> |