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Lessons from My Father

American Indian nurse scientist John Lowe wanted to know why his Cherokee father had managed to avoid the health problems so often found in Indian communities. Today the answer to that question continues to inspire Lowe's pioneering research on culturally competent solutions to Native American health disparities.

by **Scott Williams**

Somewhere in rural North Carolina, an 85-year-old Cherokee Indian, who never attended school himself, can take credit for inspiring the career of his son—a nurse scientist whose groundbreaking research on Native American health issues has brought him to the pinnacle of the nursing profession.

In 2007, John Lowe, PhD, RN, FAAN, associate professor at Florida Atlantic University (FAU)'s Christine E. Lynn College of Nursing in Boca Raton, was inducted as a Fellow of the American Academy of Nursing—only the fourth-ever American Indian nurse to achieve that honor. That same year, Lowe was named Florida Nurse Educator of the Year, and the National Institute on Drug Abuse (NIDA) awarded him a \$1.35 million grant to study substance abuse interventions for Cherokee adolescents.

Lowe, who is a founding member of the Native American Nursing Scholars Institute (NANSI) and one of only 14 doctorally prepared Native American nurses in the nation, grew up in a Cherokee farming community in the Southeast. He now splits his time between Florida and Oklahoma, where almost 270,000 members of the Cherokee Nation live in a 7,000-square-mile area in Northeastern Oklahoma. Lowe credits his father, a full-blood Cherokee, for being the impetus behind his more than 20-year career in researching solutions to Indian health disparities.

"My dad has really been my inspiration for the work that I do," says Lowe, whose mother died when he was young. "He did not have the problems that [so many other] Native people experienced [such as alcoholism and diabetes], so I wanted to know why he did so well when others didn't."

Overcoming Discrimination

Like many other pioneering minority nurse leaders, Lowe initially had to overcome barriers of racial discrimination to become a nurse—a career he chose in high school after relatives, some of whom were nurses themselves, suggested it.

"I was interested in helping people and I was always the one who was kind of caring for others, and even the animals around us," he says.

His high school had a licensed practical nurse program that Lowe enrolled in upon the advice of a school counselor, who leaned across her desk one day and said in a quiet voice that people like Lowe (Native Americans) usually become LPNs rather than RNs.

"So I said, 'I guess that's what I have to do,'" Lowe remembers. However, it didn't take long for him to realize he was capable of moving beyond the LPN level, and by 1981 he had earned a bachelor's degree in nursing from Eastern Mennonite College in Harrisonburg, Virginia.

One of Lowe's first experiences providing nursing care to patients came immediately after earning his BSN, when as part of Mennonite Health Care Missions, he worked in Tanzania in a mobile clinic that offered maternal and child health care. After returning from Tanzania, he accepted his first job as a staff nurse, working in the orthopedic unit at Riverside Hospital in Newport News, Virginia. After a 15-month stint as a preceptor for nursing students and new employees at Riverside, Lowe moved to Oklahoma, where he worked at the City of Faith Hospital in Tulsa—first as a medical/surgical staff nurse, then in an administrative position. He later



John Lowe, PhD, RN, FAAN (center, holding stick) regularly brings his nursing students to Oklahoma to volunteer in the Cherokee Nation community.

moved to a position in the hospital's chemical dependency unit, working with adolescents who were struggling with alcohol and drug addiction—an experience that would ultimately shape the focus of his future research career.

Meanwhile, Lowe began working on a master's degree in nursing from Oral Roberts University in Tulsa. He received his MSN in 1986 and began teaching at the Oral Roberts University Anna Vaughn School of Nursing. During the next few years he began developing an expertise in transcultural nursing. He worked with international students at Oral Roberts, served as a community health instructor for senior nursing students at the Cherokee Nation and traveled to China, Jamaica and Costa Rica, where he provided primary care and taught health promotion and disease prevention.

Lowe moved to Florida in 1991 and worked at various hospitals on a per diem basis while pursuing a doctorate at the University of Miami, which at the time had a transcultural focus at the doctoral level. That same year, he began teaching at Florida International University as an adjunct faculty member, then as a visiting professor and, just before earning his PhD in 1996, an assistant professor. He joined the nursing faculty at FAU in 2003.

Cherokee Self-Reliance

Lowe's master's thesis, "The Social Support That Contributed to the Abstinence from Substance Abuse After Treatment in the Native American Young Adult," set the stage for a career in researching culturally competent interventions for reducing American Indian health disparities, with a particular emphasis on treating and preventing substance abuse in Native adolescents.

"It sort of evolved, since I was [already connected there through my work with teens in Oklahoma], and because I was familiar with the issues and with the substance abuse [problems in the Native community]," he says.

As Lowe began investigating why his father had managed to avoid substance abuse and other serious health problems common to Native Americans, he came to the realization that it was because his dad had been able to incorporate his Cherokee culture and traditions into his life. Unlike many other American Indians growing up in the early 20th century, Lowe's father did not attend one of the infamous boarding schools that were designed to assimilate Native people into the white majority culture by separating them from their families and communities.



Lowe realized that his father had stayed healthy because he hadn't been dispossessed of his Cherokee heritage and culture.

"He was able to maintain a traditional way of living," Lowe explains.

Off-reservation boarding schools for American Indian children were first established in 1878, when Captain Richard H. Pratt opened the Carlisle Indian School at an abandoned military post in Pennsylvania. Pratt's goal was to assimilate American Indian children into European culture by forcing them to abandon their Native culture—a concept he called "killing the Indian, not the man."

The boarding schools were deliberately located far away from Indian reservations, and Native children and their families were discouraged from visiting one another. The students were forbidden to speak their language or practice their religion, and they were told that the Indian way of life was savage and inferior. Students wore military uniforms and were severely beaten for violating rules.

Those who returned to their Indian communities after leaving boarding school found they had a hard time fitting in. They had been stripped of their Native culture and identity by their experience in the boarding schools. Yet they didn't fit into white culture either, because no matter how "non-Indian" they became, they would still never be viewed as an equal. So, if they weren't Indians and they weren't whites, then who were they?

This era became known as the "dispossession period" for American Indians. They had been "dispossessed" of their land and culture, yet they were not afforded the opportunities and services available to whites. This cultural destruction and other historical trauma, says Lowe, are the primary underlying causes of the severe health disparities that Native people face today.

Lowe realized that his father was able to stay physically and mentally healthy because he hadn't been dispossessed of his

culture and heritage. He knew who he was—he was Cherokee and proud of it. So it stood to reason that American Indian young people suffering from substance abuse problems might be helped by incorporating Native American cultural traditions into their lives.

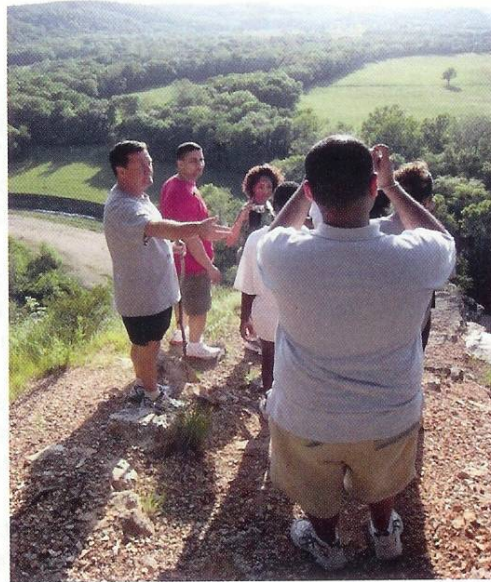
Lowe's doctoral thesis, "The Self-Reliance of the Cherokee," which investigated the connection between traditional Cherokee values and the health of Cherokee people, became the theoretical framework for much of his subsequent research. Over the next several years, he conducted a number of studies that incorporated his Cherokee Self-Reliance Model—which consists of three components: being responsible, being disciplined and being confident—into interventions aimed at preventing substance abuse among Cherokee adolescents.

One such project, funded by the National Institute on Alcohol Abuse and Alcoholism, evolved from Lowe's work at Florida International University with a program called Teen Intervention Project (TIP). He adapted the program for use in the Cherokee Nation school system and renamed it the Teen Intervention Project-Cherokee, or TIP-C.

"What TIP-C does is try to intervene early with teens who might be having some issues and have them go through this intervention, which is school- and culture-based," Lowe says.

Some of his other recent intervention studies have focused on the use of Cherokee teen talking circles as a tool for preventing substance abuse and HIV/AIDS. The talking circle, a traditional Native American way of gathering and discussing issues, is characterized by mutual respect, equal say and no interruptions.

"It helps turn the discussion into a much more powerful interaction," says Lowe, who adds that everything discussed in



His current project, funded by a \$1.35 million federal grant, lets the Cherokee community participate directly in the research process.

the Cherokee teen talking circles is confidential. "It helps [the teens] open up, and they're able to get in touch with all of the deeper issues that might be pushing them toward using [drugs or alcohol]."

Community-Based Research

Not all of Lowe's research initiatives to improve health outcomes for Native Americans have been Cherokee-specific. He has also partnered with other doctorally prepared Native American nurse researchers on several landmark studies developed as part of the ongoing Nursing in Native American Culture project.

For example, he collaborated with the late Dr. Roxanne Struthers to develop a nursing model designed to guide American Indian and Alaska Native nurses in providing culturally competent care to Native patients. The model, "A Conceptual Framework of Nursing in Native American Culture," was published in the *Journal of Nursing Scholarship* in 2001. Today, says Lowe, the framework is used by some nursing schools and tribal colleges to guide their curricula, helping both Native and non-Native nursing students learn to provide culturally competent care to the Native American population.

Collaboration is also the focus of Lowe's current NIDA-funded project, entitled "Community Partnership to Affect Cherokee Adolescent Substance Abuse." Drawing on both the success of TIP-C and on the experience and involvement of the Cherokee Nation community, the project uses a community-based participatory research (CBPR) approach to develop and evaluate different school-based interventions—some using the Cherokee Self-Reliance Model and some not.

One of the project's key components is a steering committee made up of representatives from the Cherokee community. Formed in the study's first year, the steering committee played a major role in assessing the community's needs regarding substance abuse. Lowe then partnered with the steering committee to develop culturally appropriate intervention materials and outcome measurements.

By involving the community directly in the research process, the CBPR approach is a culturally appropriate alternative to the so-called "helicopter research" conducted all too frequently in Native American and other minority communities. "So many times what researchers will do is [go into a research] site, collect data and leave," Lowe explains, "whereas here I have a community steering committee that is helping to guide the entire research project."

Now, in year two of the study, Lowe is comparing the effectiveness of the intervention methods he and the steering committee developed against standard school-based anti-drug interventions, such as the national Drug Abuse Resistance Education (D.A.R.E.) program. Another goal for years two and three of the project is to evaluate the impact of talking circles on helping Cherokee youth resist the pressure to become involved in substance abuse.

"Hopefully Cherokee communities will eventually adopt [this intervention program] as a service they want to provide in their schools," Lowe says, "because there will be evidence that this is a better way of dealing with this issue."

Getting His Students Involved

For the past three summers, Lowe has been bringing his class of Florida Atlantic University senior nursing students to Oklahoma to

volunteer at the Cherokee Nation's Healthy Nations Summer Camp for children ages nine to 12. The camp is dedicated to promoting physical fitness, health and wellness, and teaching children to make healthy choices.

"I wanted to create an intervention that would get to the heart of critical issues our Cherokee youth are facing, such as diabetes, obesity and substance abuse, and also allow the students to practice the Nursing as Caring theory that I teach at FAU," says Lowe.

During the week-long camp, the nursing students—many of whom are of international origin and hail from countries such as Cuba, Jamaica and Haiti—live with the children, teach classes on nutrition and diabetes, and supervise them in a variety of physical activities. To strengthen Cherokee identity, the nursing students and children are organized into "clans." The campers attend Cherokee language classes that emphasize the importance of family and caring; the nursing students enjoy a rare opportunity to observe and participate in Cherokee culture, such as powwows and traditional dances.

And during the spring and fall semesters, Lowe brings FAU nursing students to community schools within the Cherokee Nation to conduct health screenings and give presentations on disease prevention, health promotion and career opportunities in health care, while interacting with the Cherokee students about their own diverse cultures.

Lowe believes nurses who want to provide culturally competent care to Native American patients—as well as patients from other minority cultures—must "learn to become the learner." Many times nurses and other health care professionals spend so much time becoming the "expert" that they forget they can learn a lot from their patients.

"So what happens is, you learn to assess people and then tell them what's wrong with them and what you're going to do about it," he says. "You have to back up and learn from the patient or person in the community, and say: 'You teach me.'"

Future projects Lowe wants to pursue include using Native American doctoral students to replicate and pilot the Cherokee community partnership study with other Indian tribes in other parts of the country.

Lowe is humble when asked to describe the legacy he hopes his work will leave, describing it simply as "giving something back" to his Cherokee family and community. Speaking at the 2007 National Alaska Native American Indian Nurses Association (NANAINA) annual conference, he summed up his remarkable career this way: "The bottom line is, I want to do research that makes a difference in improving the health of Indian people, beyond just having academic value." ■

Scott Williams is a freelance writer based in Corpus Christi, Texas.