



# Moving From Trauma-Informed to Healing-Centered Care in Tribal Communities



Elson S. Floyd  
College of Medicine  
WASHINGTON STATE UNIVERSITY



**Presentation for the NIH Tribal Advisory Committee**

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**Gary Ferguson, ND**

**Faculty/Director of Outreach & Engagement**

**Institute for Research and Education to Advance Community Health**

**Washington State University**







# IREACH Core Areas

- **Native Health**
  - Community-centered research, training, education & outreach to improve the health & quality of life for **American Indian, Alaska Native (AI/AN), Native Hawaiian and Pacific Islander** populations.
- **NW HERON: NW Health Education & Research Outcomes Network**
  - Improving the quality of clinical care & ameliorating health disparities in communities across Washington & bordering states.
- **Latinx Health**
  - Advancing Latinx health through the formation of community partnerships and focused academic research.



# Native Health

- **160 partners:** Tribal colleges, Native organizations, Tribes & universities
- **Research Centers**
  - Native Alzheimer's Disease Resource Center for Minority Aging Research
  - Native-Controlling Hypertension And Risks through Technology
  - Native Center for Alcohol Research & Education
  - Alzheimer's Disease Research Center
  - Native American Research Center for Health (NARCH)





# NIH Tribal Advisory Committee Priorities

- **PRIORITY 2:** Strengthen tribal and AI/AN research capacity
- **PRIORITY 3:** Use research to preserve Indigenous knowledge.
  - Languages, Cultures, Food/Nutrition Security/Sovereignty, Plant Medicine Security/Sovereignty
- **PRIORITY 6:** Focused research on historical, intergenerational trauma in AI/AN populations
  - Methods of healing/treatment
  - Policies – Education
  - Mental and Behavior Health
  - Research policy development & tribal systems that need to be more reflective of indigenous practices







# The Philosophy of Naturopathic Medicine

The Healing Power Of Nature  
*Vis Medicatrix Naturae*

Identify And Treat The Cause  
*Tolle Causam*

First Do No Harm  
*Primum Non Nocere*

Doctor As Teacher  
*Docere*

Treat The Whole Person  
*In Pertubato Animo Sicut In Corpore Sanitas Esse Non Potest*

Prevention  
*Principiis Obsta: Sero Medicina Curatur*







# Historical Trauma





Dr. Angela  
Michaud, DC  
Photo used with  
permission



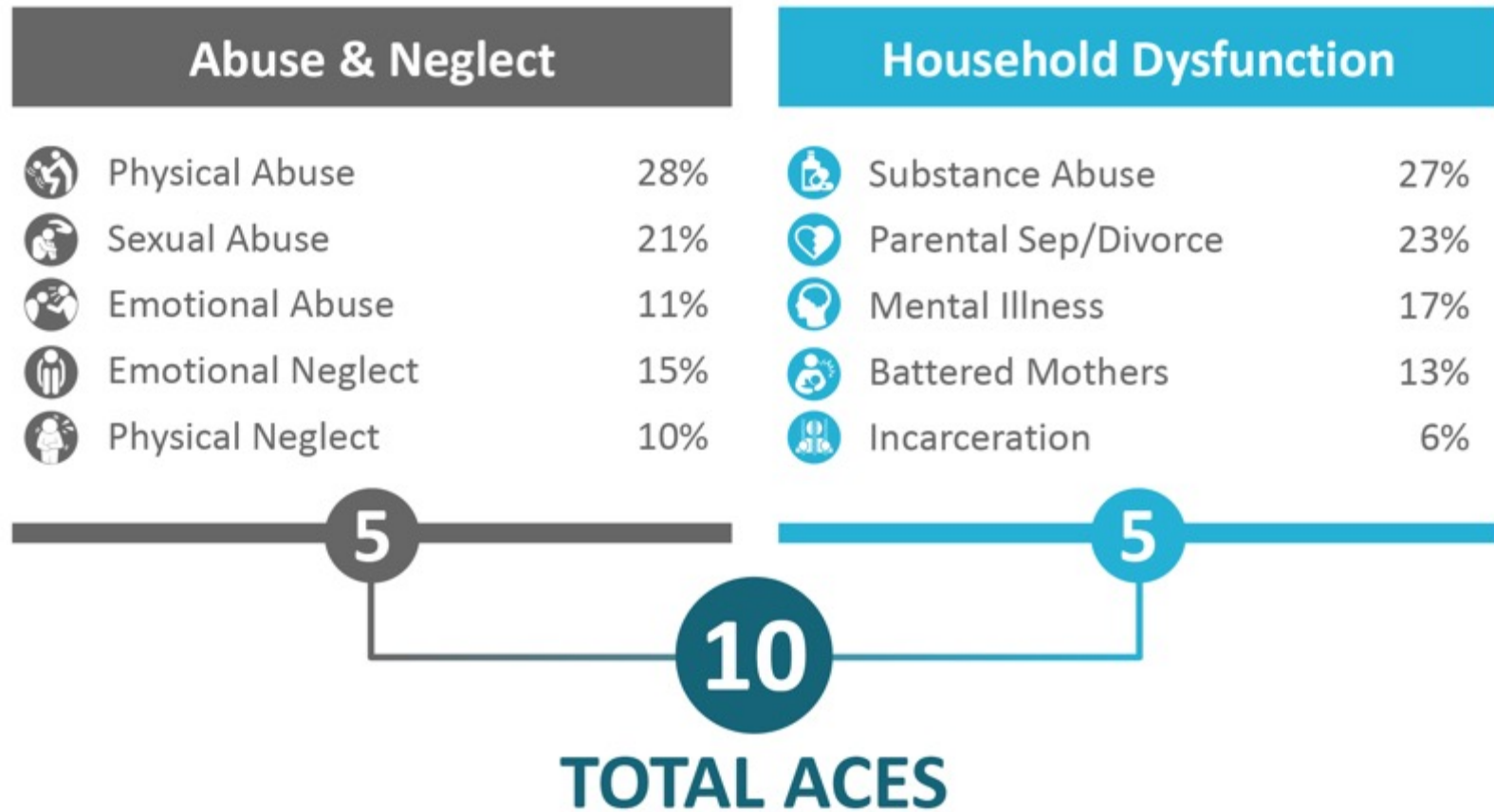
A photograph of a modern, multi-story building with a glass and metal facade. The building has many windows with white shutters. The Kaiser Permanente logo is visible on the upper right side of the building. A glass walkway or bridge is visible in the foreground.

# Over 17,000 patients in San Diego, CA

## Adverse Childhood Experiences (ACEs) Study

# ACE Study: Kaiser

## Adverse Childhood Experiences are Common



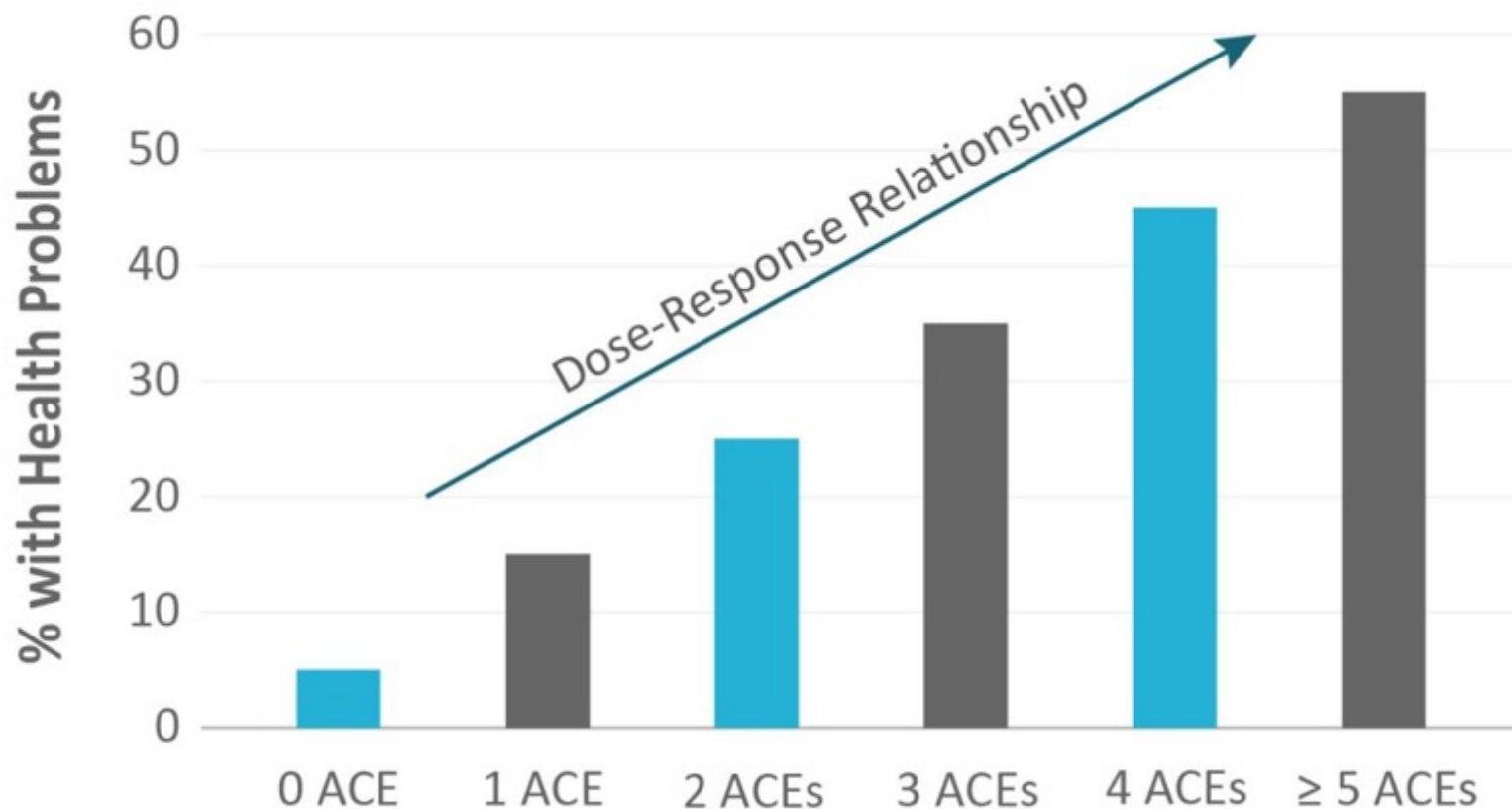
# ACEs are Highly Interrelated

*Where One ACE Occurs, There are Usually Others*

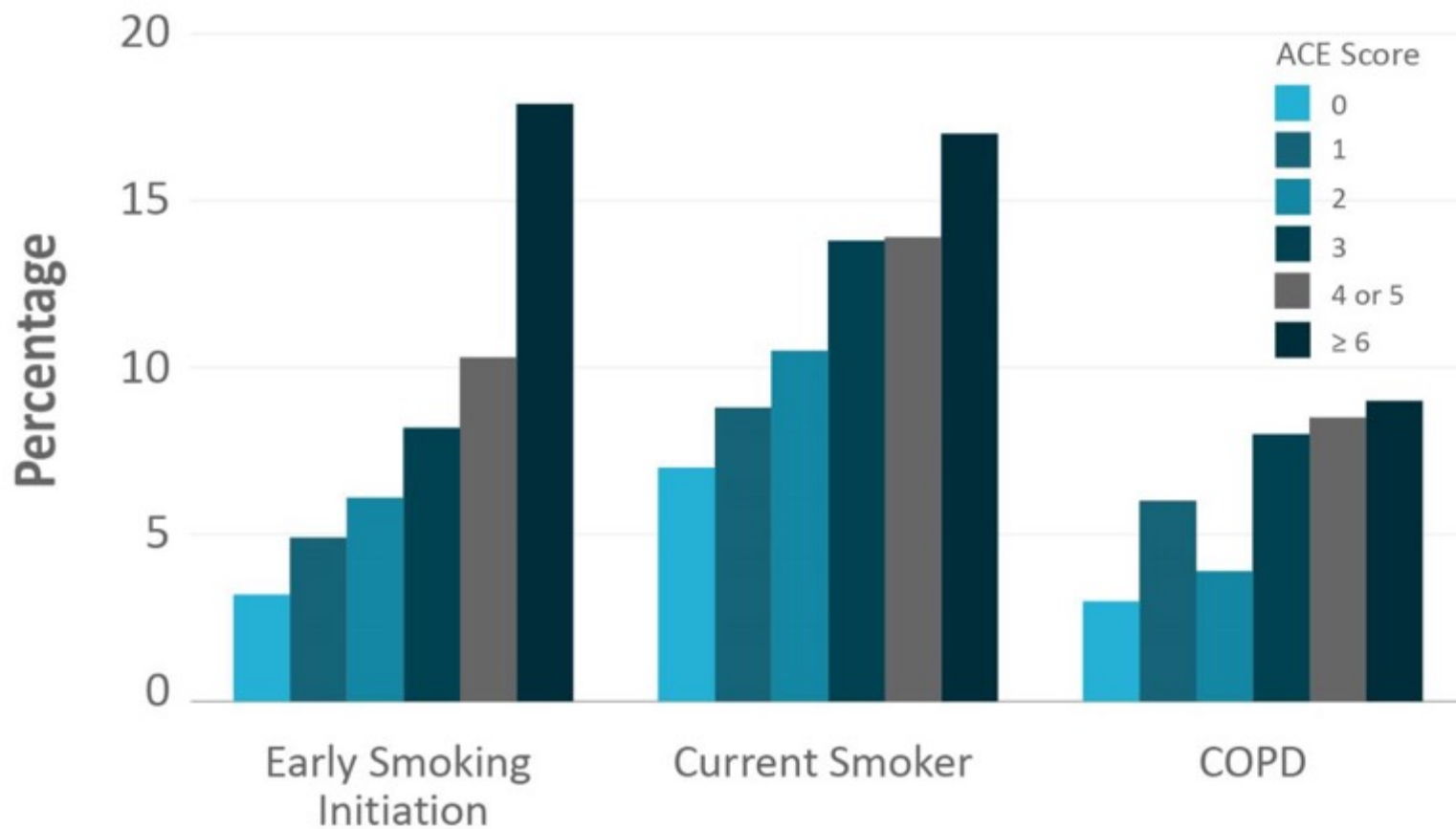




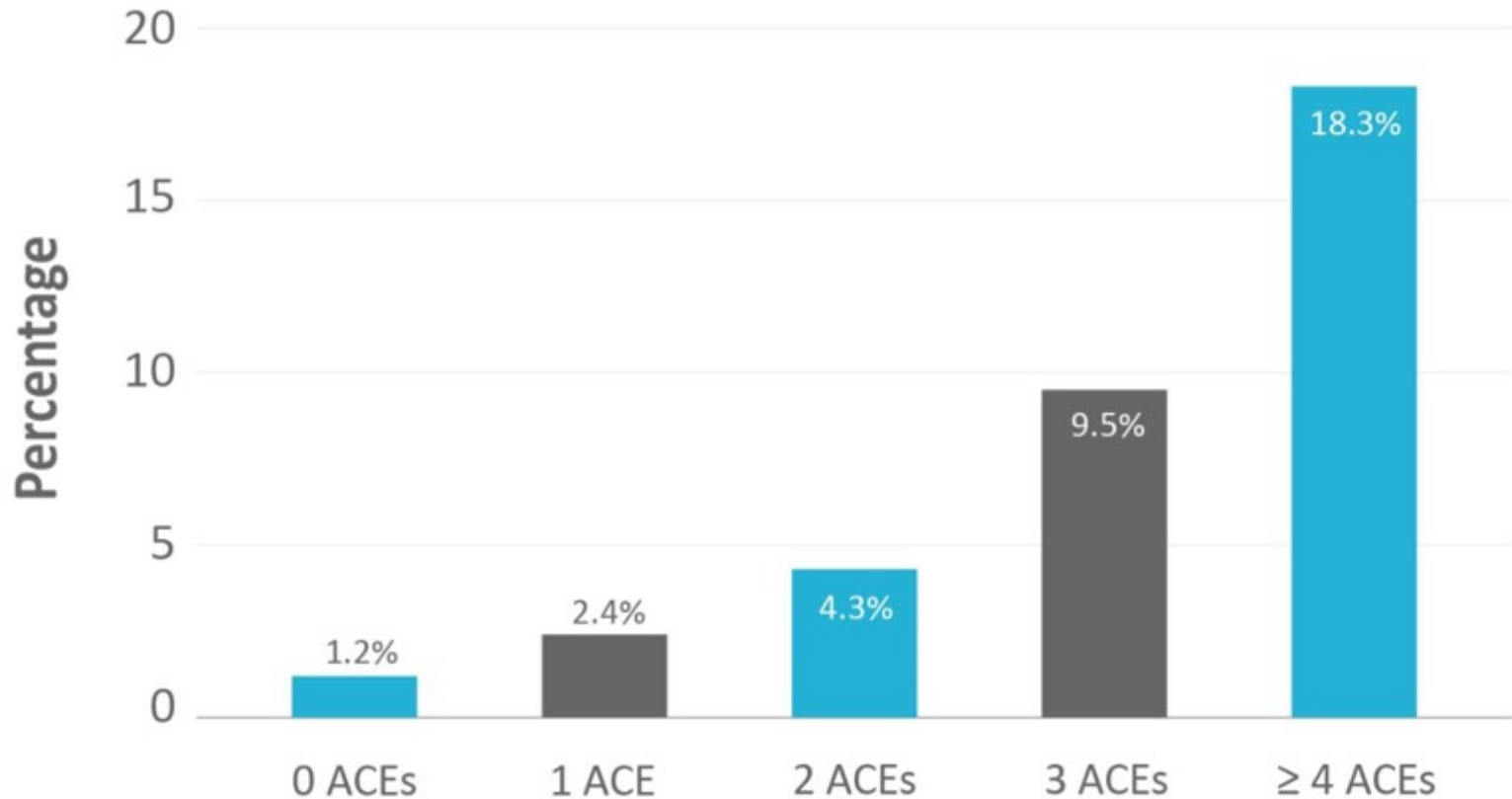
# ACE Score and Health Problems



# ACES & Smoking



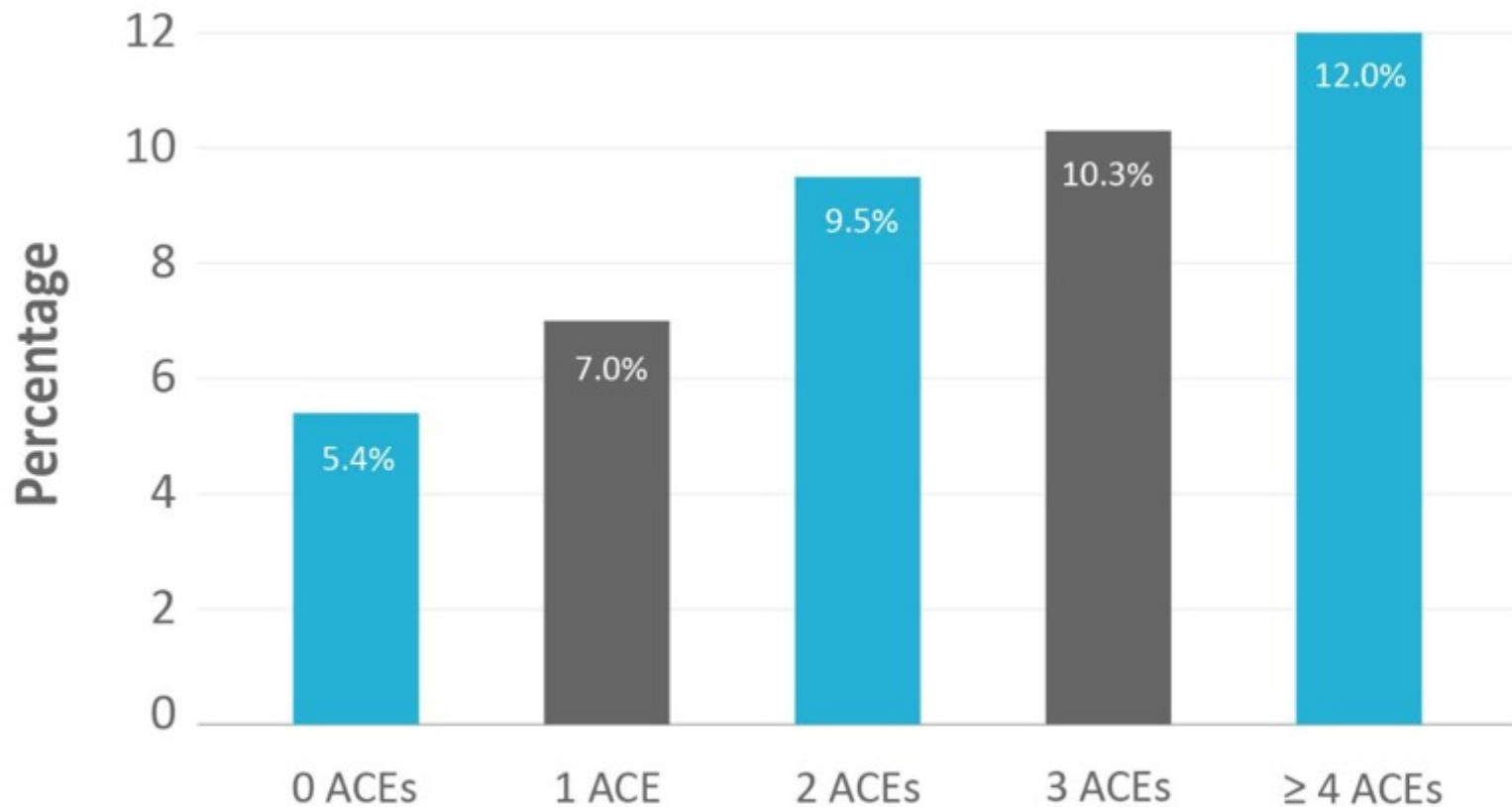
# ACEs & Suicide Attempts





# ACE Study: Kaiser

## ACEs & Severe Obesity (BMI 34+)



# States Collecting ACE Data in the BRFSS through 2020



ELIZABETH PREWITT PACES CONNECTION STAFF ○ 2/20/20 @ 2:15 PM \*

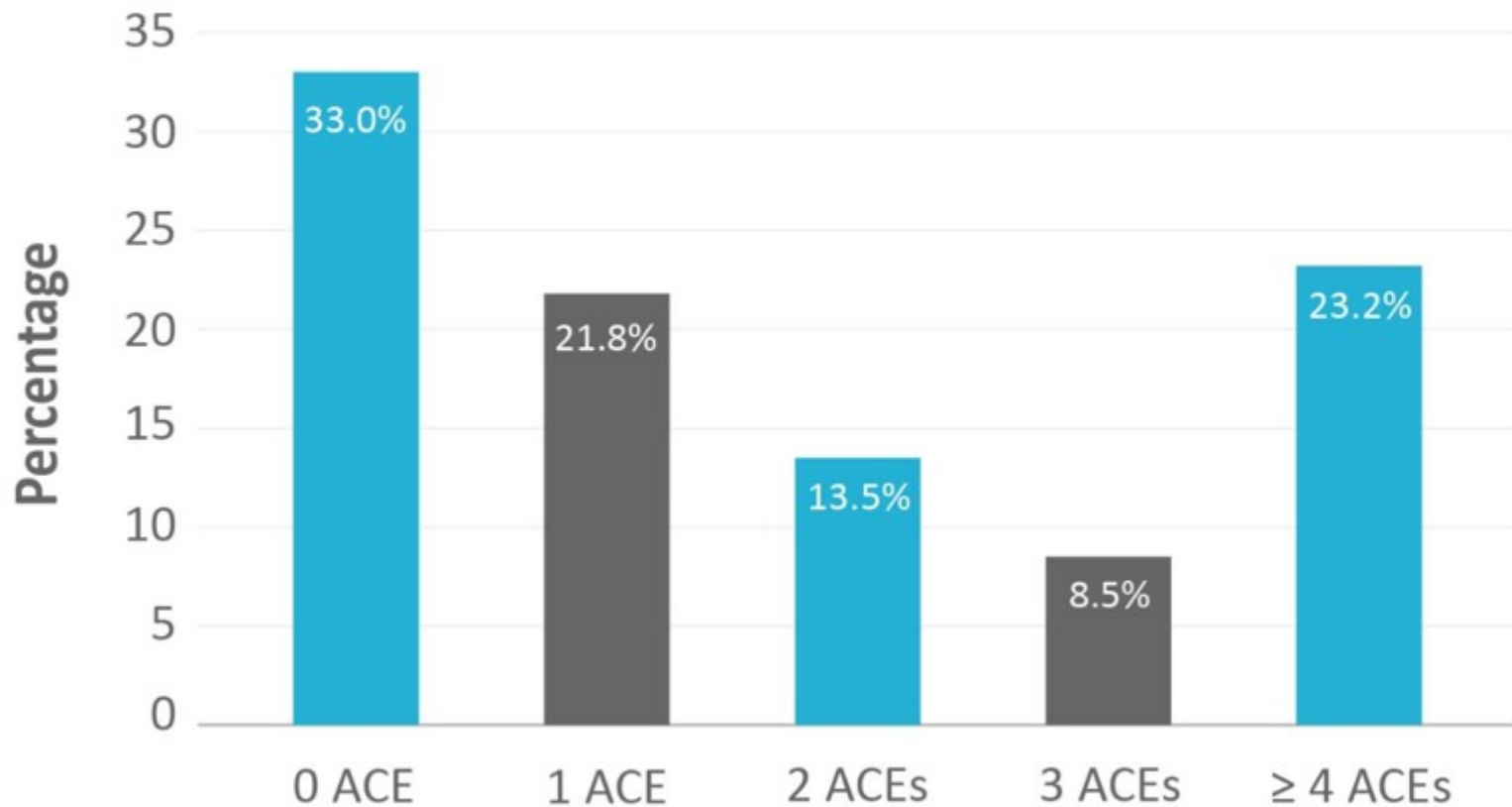
## States Collecting PACEs Data 2009 - 2020

Source: CDC National Center for Injury Prevention & Control



# ACE Study: Alaska

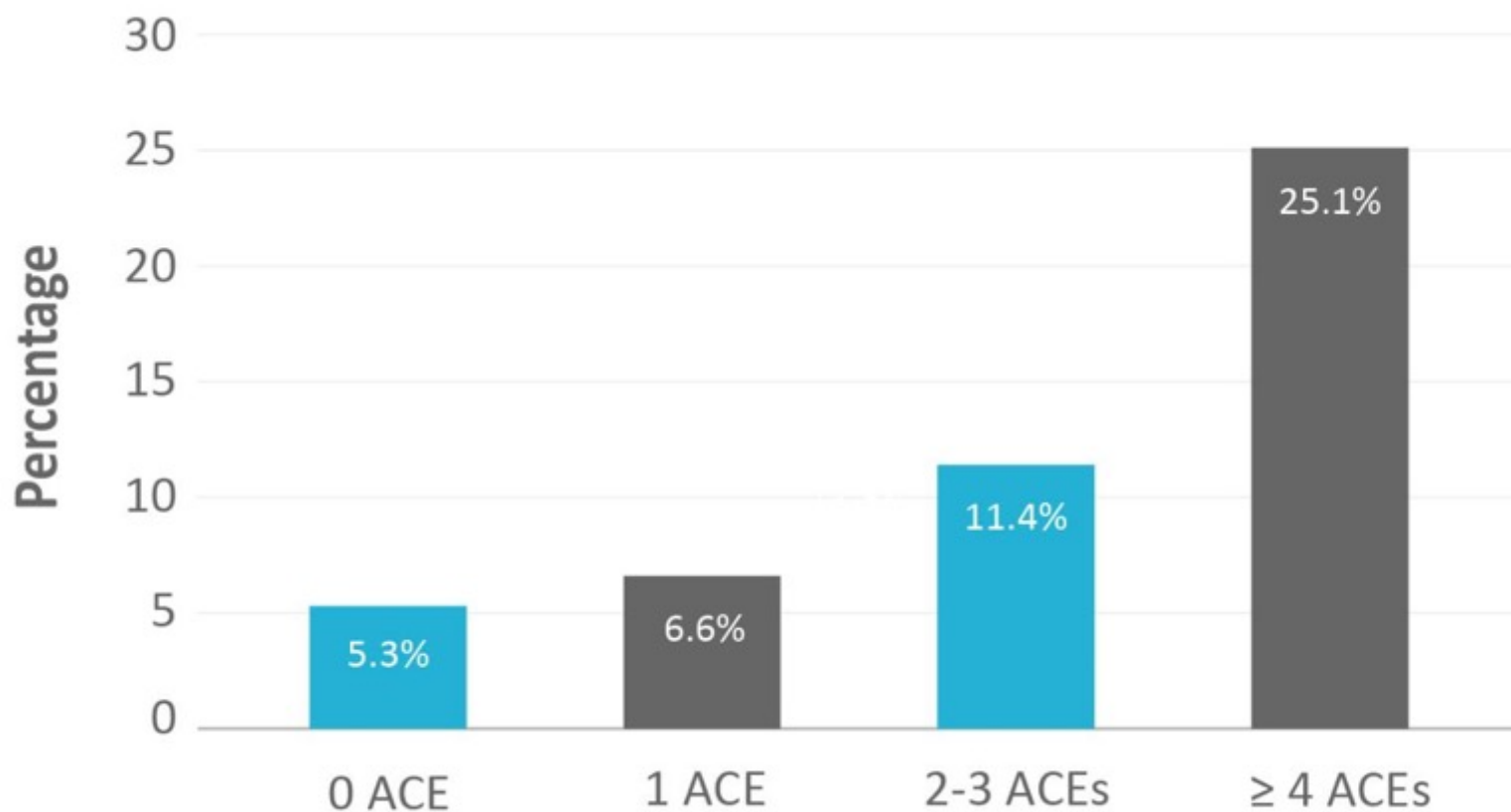
## ACE Scores for Alaskan Adults Based on Ten Possible ACEs





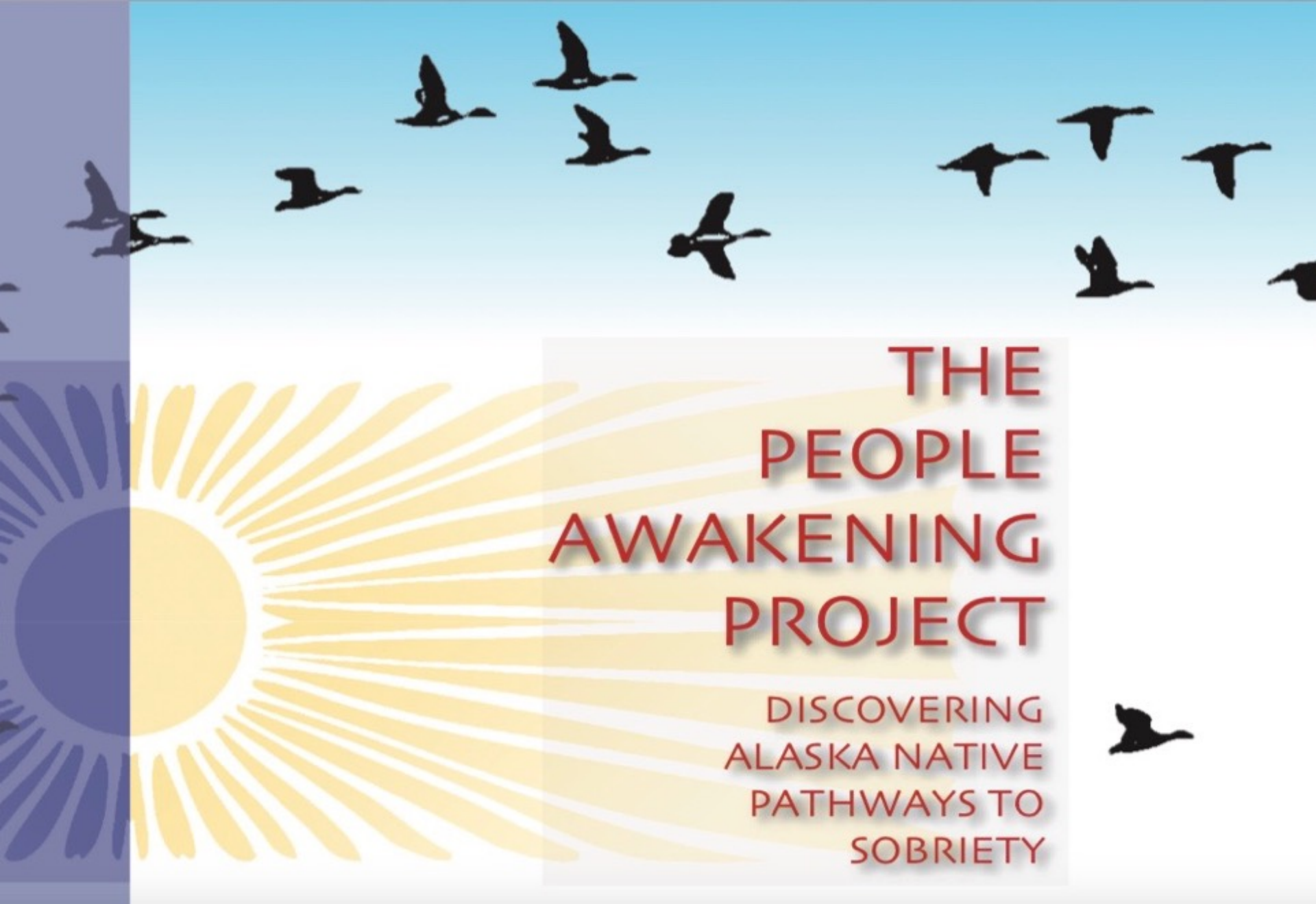
# ACE Study: Alaska

## Percentage of Alaskan Adults Who Reported Low Food Security by ACE Score





# Cultural Strength and Resilience



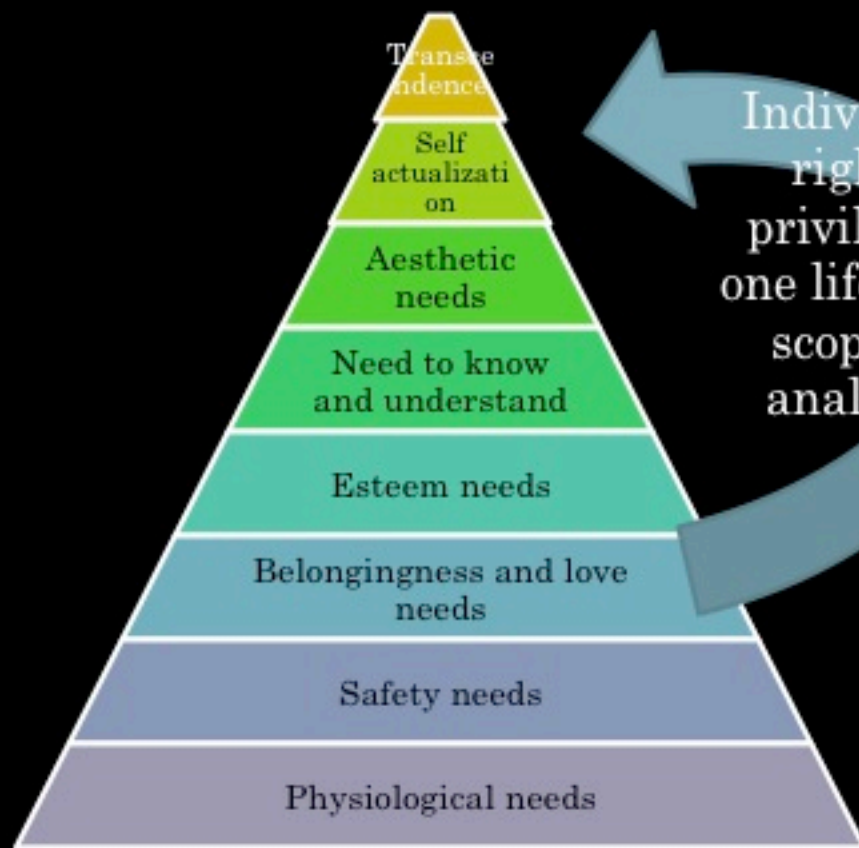


# Culture is Medicine



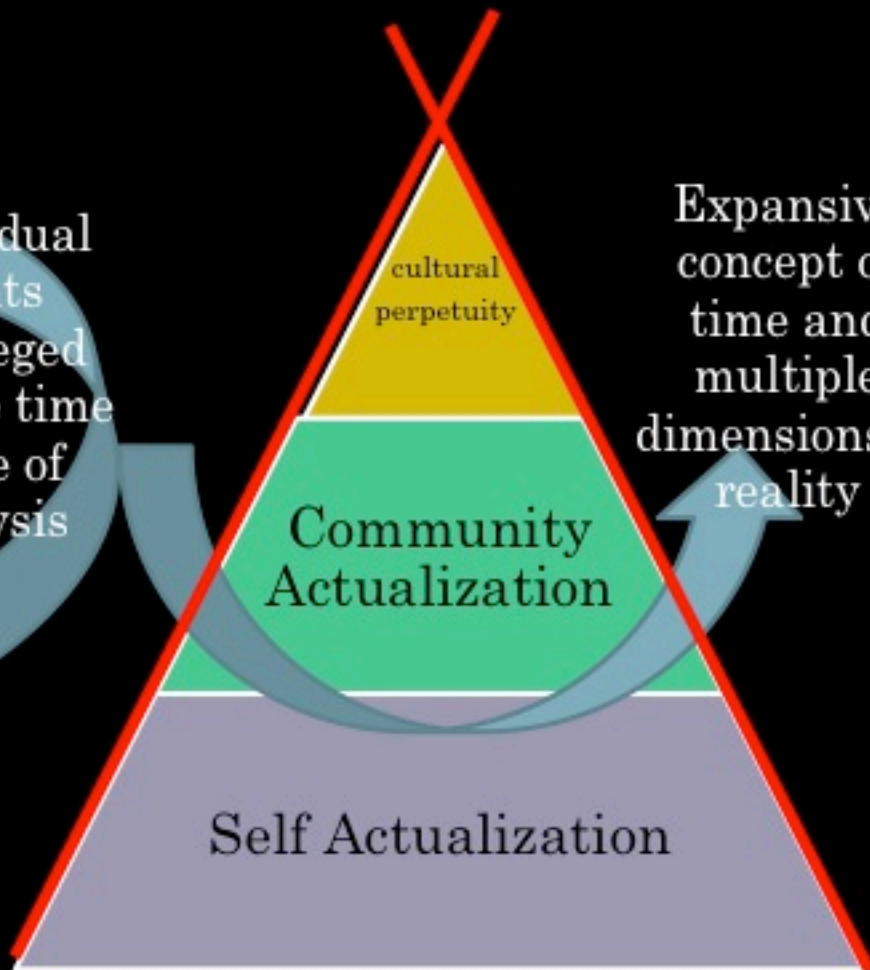
# MASLOW'S HIERARCHY OF NEEDS (INFORMED BY BLACKFOOT NATION (ALTA))

## Western Perspective



## First Nations Perspective

Individual rights privileged  
one life time  
scope of analysis



Expansive concept of time and multiple dimensions of reality











# Intergenerational Connectedness





# Connectedness In Action

Connectedness Mechanisms				
<u>Family</u>	<u>Community</u>	<u>Land/Place</u>	<u>Intergenerational</u>	<u>Spirit</u>
Language	Language	Language	Language	Language
Spending time together	Celebrations	Hunting	Part of a continuous history	Ceremonies
Relational Roles	Dancing/Singing	Gathering	Awareness of historical trauma	Cultural values
Responsibility	Ceremonies	Teaching children	Responsibility to future generations	Art
Namesakes & Nicknames	Service to others	Learning from Elders	Learning ancestral teachings to pass on to younger generations	Stories
Adoption	Mentoring	Exploration	Participation in cultural and community activities	Love, Humor, Truth
Togetherness	Rules, values, norms	Observation	Knowledge of family lineage	Beauty
Trust and safety	Safety nets	Travel		Dance
Sharing and support	Family relationships	Care for animals		Subsistence foods
Helping Elders	Social groups	Stories		Songs/Dance/Drum
Stories, family history	Collective belonging	Playing outside		Connection to ancestors and future generations
Recognition of personal talents	Cooperative Teams	Access to clean water		Collective mentality
	Subsistence sharing	Fish camp		Spiritual teachings
	Strong leadership	Survival skills		

LaVerne M. Demientieff, LMSW, Ph.D.





“

***"According to the First Nations Development Institute, food sovereignty is defined as 'the inherent right of a community to identify their own food system.' This means that as a community we have the power to choose the food on our table."***

**Valerie Segrest (Muckleshoot), NMAI Interview, August 2016**

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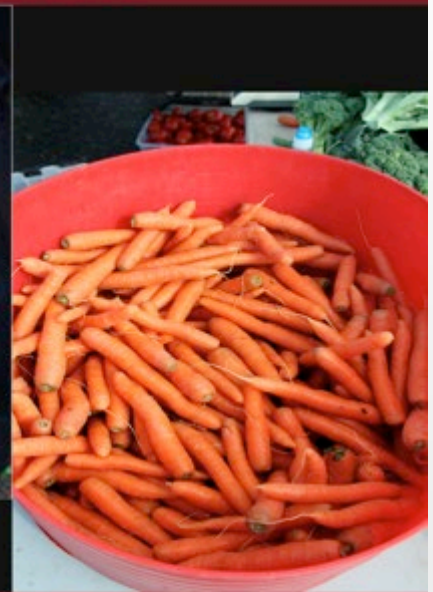
**Valerie Segrest is the director of the Muckleshoot Food Sovereignty Project.**





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# The Northwest Indian Treatment Center Native Plant Nutrition Project





# Decolonizing Healthcare





# IREACH I-CHANGES

- Indigenous Collaborative for Health, Agriculture, Nutrition, Growers, and Environmental Sovereignty (I-CHANGES) is a multi-disciplinary team founded in 2020.
- Diverse faculty from several US universities interested in advancing indigenous peoples' food sovereignty.
- Convene monthly to develop student programs, grants, meetings and conferences, and papers to advance food sovereignty education, outreach, and research.
- Members with expertise in health sciences, interventions, food production science, community development, and nutrition. Decades of experience working with tribal communities to promote health equity.



## Strategy: Feasible RFAs

- Center-type grants – large, multi-component applications with only 6 weeks to respond. Often require CBPR and Tribal or Tribal entity buy-in.
- Can jeopardize relationships given the short timeline to respond.
- Short timelines to respond can disincentivize new or innovative methods.
- Perpetuate working with same partners with whom we've already worked.





## Strategy: RFAs Structured Towards Strengths

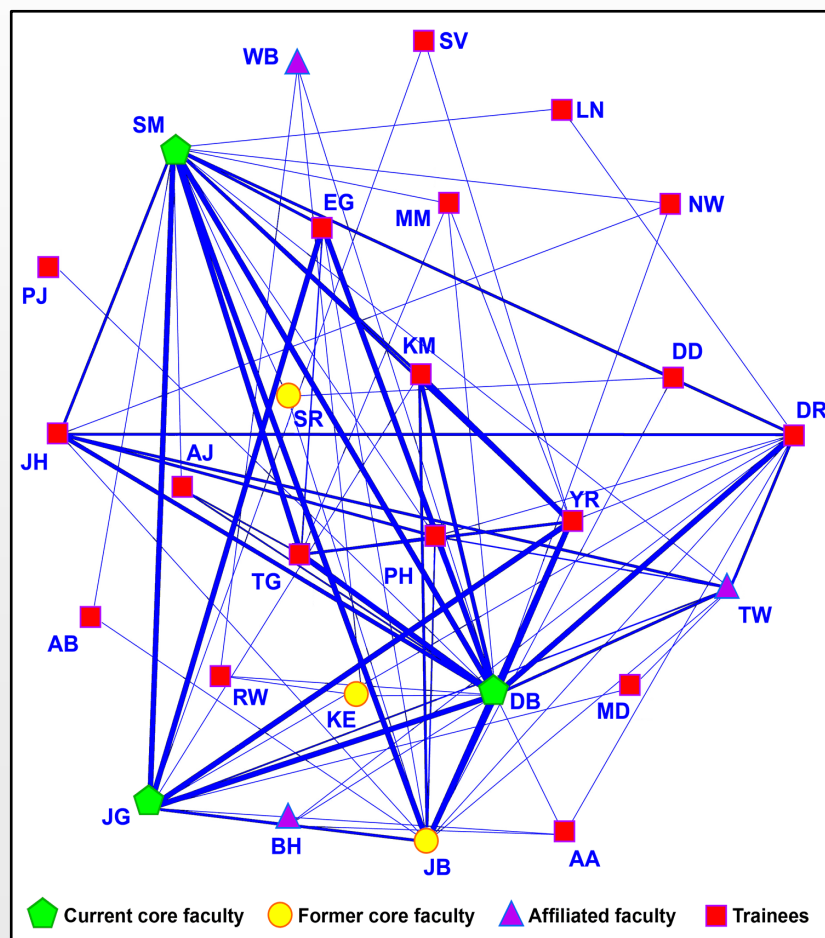
- Research moving away from deficit-based models
- Tribal sovereignty and western science and NIH priorities - how do we bring these together?
- Data sovereignty and accessibility by researchers



# Strategy: Train Native Scientists

- Native Investigator Development Program
- 2-year training program
- NIA-funded since 1998
- 52 AI/AN trainees
- \$250 million in grants (Diversity Supplement, K award, R01, etc.)
- 500+ manuscripts on Native health
- 18 tenured

Social network analysis of trainee manuscripts



**“We are free to be who we are – to create our own life out of our past, and out of the present. We are our ancestors. When we heal ourselves, we also heal our ancestors – our grandmothers, our grandfathers, and our children. When we heal ourselves, we heal Mother Earth.”**  
**~Dr. Rita Pitka Blumenstein**

