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

Presentation for the NIH Tribal Advisory Committee
October 26, 2021
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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
Principis Obsta: Sero Medicina Curatur
Historical Trauma
Dr. Angela Michaud, DC
Photo used with permission
Over 17,000 patients in San Diego, CA

Adverse Childhood Experiences (ACEs) Study
**ACE Study: Kaiser**

**Adverse Childhood Experiences are Common**

<table>
<thead>
<tr>
<th>Abuse &amp; Neglect</th>
<th>Household Dysfunction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>Substance Abuse</td>
</tr>
<tr>
<td>28%</td>
<td>27%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>Parental Sep/Divorce</td>
</tr>
<tr>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Emotional Abuse</td>
<td>Mental Illness</td>
</tr>
<tr>
<td>11%</td>
<td>17%</td>
</tr>
<tr>
<td>Emotional Neglect</td>
<td>Battered Mothers</td>
</tr>
<tr>
<td>15%</td>
<td>13%</td>
</tr>
<tr>
<td>Physical Neglect</td>
<td>Incarceration</td>
</tr>
<tr>
<td>10%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**TOTAL ACES**

Source: Anda & Felitti, 1997
ACEs are Highly Interrelated

Where One ACE Occurs, There are Usually Others

87% occur together

Source: Anda & Felitti, 1997
ACE Score and Health Problems

Source: Anda & Felitti, 1997
ACES & Smoking

Source: Brown et al., 2010
ACEs & Suicide Attempts

Source: Felitti et al, 1998
ACE Study: Kaiser

ACEs & Severe Obesity (BMI 34+)

Percentage

- 0 ACEs: 5.4%
- 1 ACE: 7.0%
- 2 ACEs: 9.5%
- 3 ACEs: 10.3%
- ≥ 4 ACEs: 12.0%

Source: Felitti et al, 1998
States Collecting ACE Data in the BRFSS through 2020

States Collecting PACEs Data 2009 - 2020
ACE Study: Alaska

ACE Scores for Alaskan Adults Based on Ten Possible ACEs

- 0 ACE: 33.0%
- 1 ACE: 21.8%
- 2 ACEs: 13.5%
- 3 ACEs: 8.5%
- ≥ 4 ACEs: 23.2%

Source: State of Alaska Advisory Board on Alcoholism and Drug Abuse & Mental Health Board
ACE Study: Alaska

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

- 0 ACE: 5.3%
- 1 ACE: 6.6%
- 2-3 ACEs: 11.4%
- ≥ 4 ACEs: 25.1%

Source: State of Alaska Advisory Board on Alcoholism and Drug Abuse & Mental Health Board
Cultural Strength and Resilience
Culture is Medicine
MASLOW’S HIERARCHY OF NEEDS (INFORMED BY BLACKFOOT NATION (ALTA))

Western Perspective

1. Transcendence
2. Self Actualization
3. Aesthetic needs
4. Need to know and understand
5. Esteem needs
6. Belongingness and love needs
7. Safety needs
8. Physiological needs

First Nations Perspective

1. Individual rights
2. One life time scope of analysis
3. Cultural perpetuity
4. Community Actualization
5. Self Actualization
6. Expansive concept of time and multiple dimensions of reality

Huit, 2004; Blackstock, 2008; Wadsworth,
Intergenerational Connectedness
## Connectedness Mechanisms

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

Valerie Segrest is the director of the Muckleshoot Food Sovereignty Project.
Store Outside Your Door

Hunt • Fish • Gather • Grow

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The Northwest Indian Treatment Center
Native Plant Nutrition Project

http://squaxinisland.org/northwest-indian-treatment-center/
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
“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