



Tribal Prevention Gathering : Suquamish Tribe

***Generational Clarity***

***A Native Perspective:***

***Neuroscience, Epigenetics, Adverse Childhood Experience  
Study (NEAR), Resilience and Protective Factors***

**June 19, 2018**



**Jan Ward Olmstead, Public Health Policy and Project Consultant  
AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE**

**PULLING TOGETHER  
FOR WELLNESS**



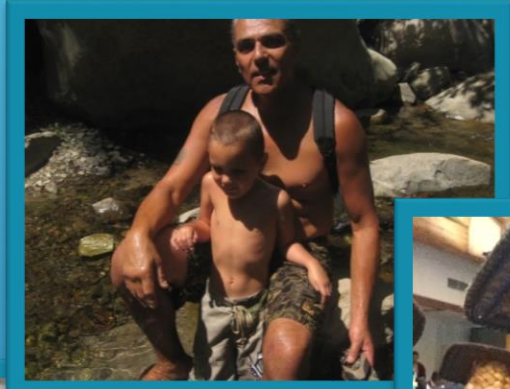
# WORKSHOP OBJECTIVES

## Generational Clarity, Gaining Understanding:

1. Historical experience of American Indians and Alaska Natives connects to Intergenerational Trauma, ongoing discrimination, and Adverse Childhood Experiences (ACE).
2. Experiences over a Life course and over generations has a significant impact on our health and well-being.
3. The link between ACE and early childhood brain development; impacts that adversity early in life has on increases physical, mental and behavioral problems later in life.
4. Knowledge about resiliency and the development of capacity, skills and abilities that give people of sense of managing difficulties.



# IMPORTANCE OF CULTURAL APPROPRIATE SEVEN GENERATION THINKING



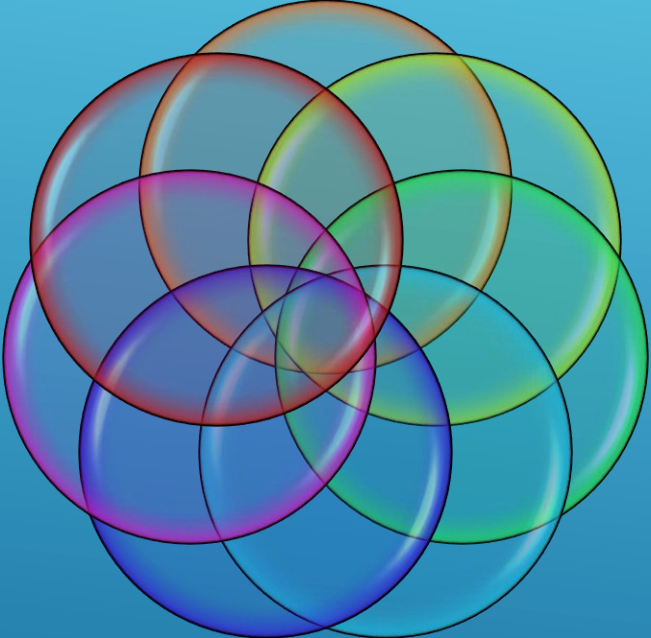
**Historical Trauma  
and Ongoing  
Discrimination**

**Culture &  
Tradition**

**Adverse  
Childhood  
Experiences**

**Protective  
Factors**

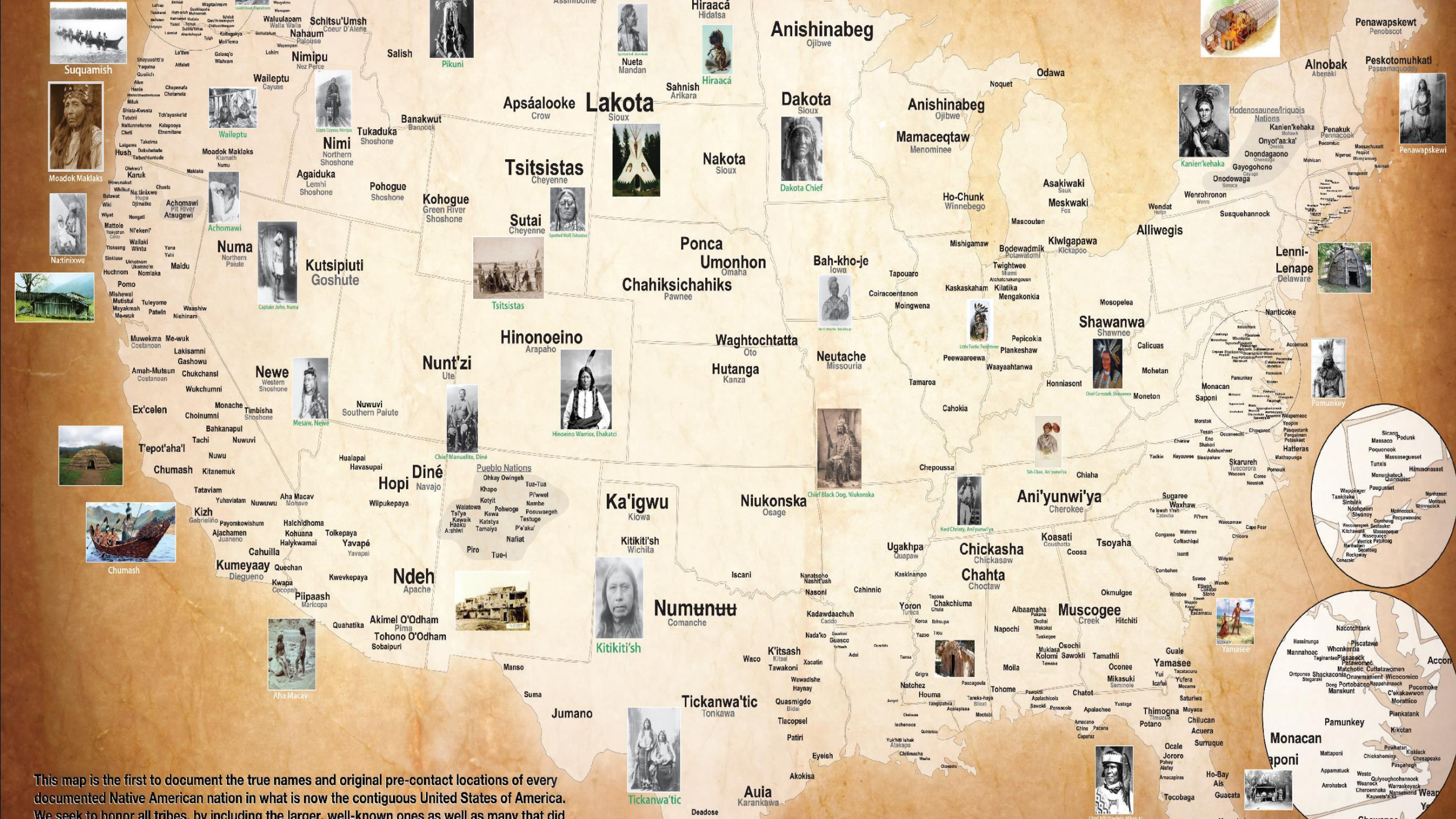
**Neuroscience**



**Resilience**

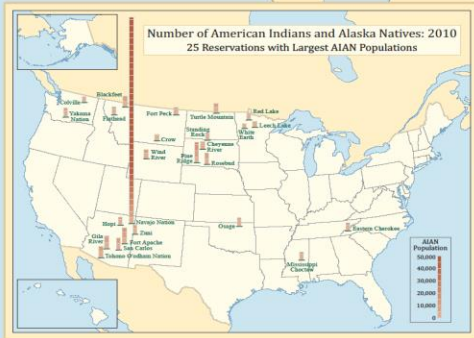
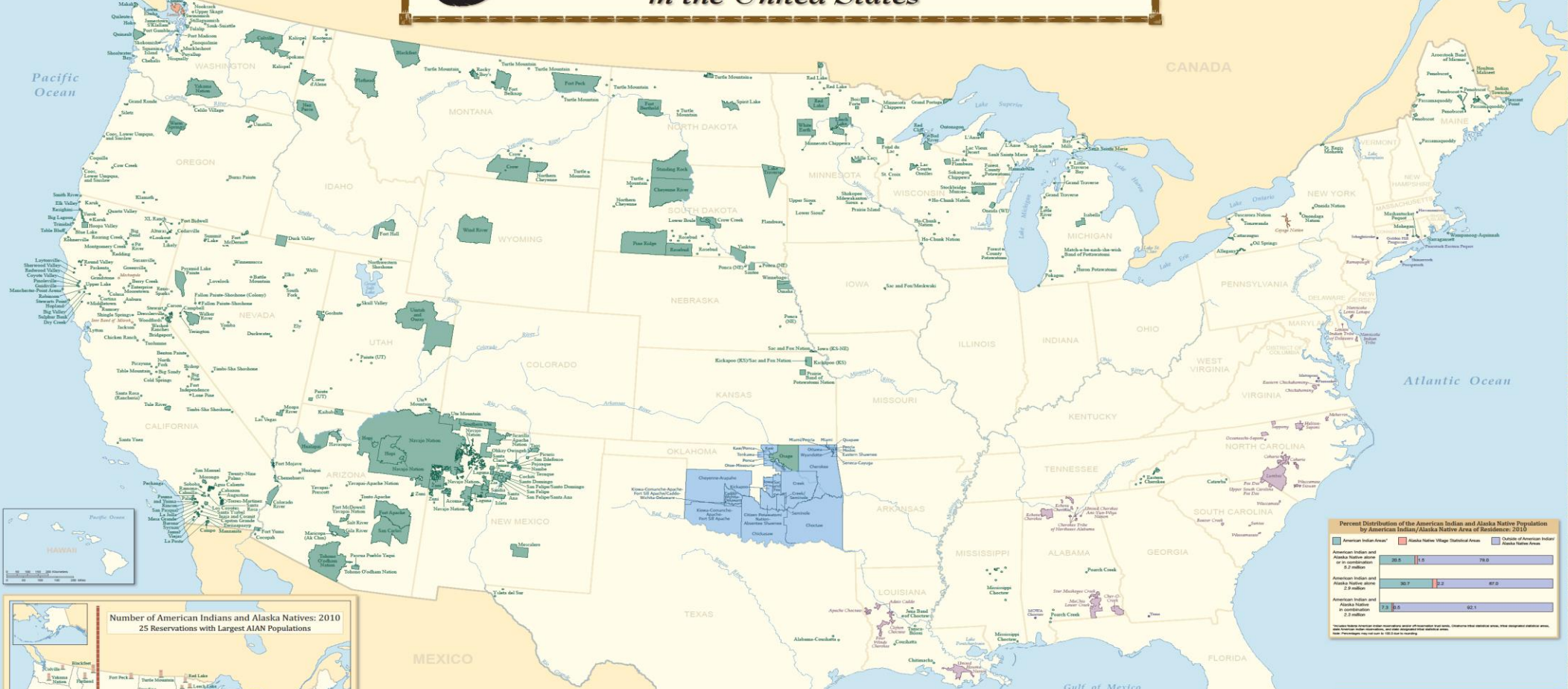
**Epigenetics**





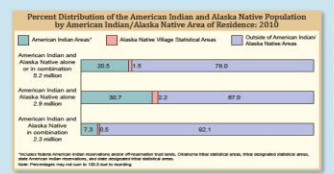
This map is the first to document the true names and original pre-contact locations of every documented Native American nation in what is now the contiguous United States of America. We seek to honor all tribes, by including the larger, well-known ones as well as many that did

# American Indians and Alaska Natives in the United States



### Ten Largest Tribal Grouping Populations: 2010

Tribal Grouping	2010 Population	% of Total AIAN Population	Year
Cherokee	309,227	10.0%	2010
Northern Plains	299,227	9.8%	2010
Chickasaw	269,227	8.8%	2010
Mexican American Indian	219,227	7.2%	2010
Chippewa	209,227	6.9%	2010
Navajo	199,227	6.5%	2010
Blackfoot	189,227	6.1%	2010
Crow	179,227	5.8%	2010
Ho-Chunk	169,227	5.5%	2010
Tribe	159,227	5.2%	2010



### Legend

- American Indian and Alaska Native Trust Land (Federal)
- Tribal Designated Statistical Area
- American Indian Reservation (State)
- State Designated Tribal Statistical Area
- Alaska Native Regional Corporation
- International Boundary
- State Boundary

For more information about the U.S. Census Bureau, American Indian and Alaska Native (AIAN) areas and statistics, please visit [www.census.gov/indian/native](http://www.census.gov/indian/native). For information on state and tribal geography, see Appendix B in the U.S. Census Bureau's 2010 Census of Population, Housing, and Economic Characteristics. Source: U.S. Census Bureau, 2010 Census of Population, Housing, and Economic Characteristics, 2010 Census of Population, Housing, and Economic Characteristics, 2010 Census of Population, Housing, and Economic Characteristics, 2010 Census of Population, Housing, and Economic Characteristics.



# HISTORICAL EVENTS AND FEDERAL POLICIES IMPACT INDIAN HEALTH

War Department was in charge of health care

1789-1871 Treaty Making

1830s Removal Period

1832-First Congressional appropriation for smallpox vaccine

1849-Indian Health Care transferred from War Department.

## Assimilation Policies

- ▶ Indian Boarding Schools
- ▶ Traditional health care practices outlawed

1887 Allotment Act

1921 Snyder Act

## 1924 Indian Citizenship Act

1928 Merrian Report

1934- Indian Reorganization Act

Indian Health Services established

1945-61 Termination Act (109 tribes "terminated")

1975 Indian Self-Determination and Education Assistance Act, P. L. 93-638

1976 Indian Health Care Improvement Act, P. L. 94-437

1978 American Indian Religious Freedom Act, P.L. 95-341

2010 Indian Health Care Improvement Act pass as part of the Affordable Care Act.

# HISTORICAL TRAUMA

- ▶ *Historical Trauma* is defined by Maria Yellow Horse Brave Heart, PhD as “cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma.”
- ▶ This results from the impact of assimilation, acculturation, relocation, boarding schools, violence, war, discrimination adoption, foster care, loss of cultural & traditional practices.



# HISTORICAL TRAUMA-WHAT WE KNOW

## Adverse Childhood Experience\* is an Outcome/Result of Historical Trauma

- ▶ Chronic trauma and unresolved grief across generations-Historic Unresolved Grief
- ▶ High rates of suicide, homicide
- ▶ High rates of domestic violence
- ▶ High rates of child abuse
- ▶ High rates of alcoholism
- ▶ Other social problems

In addition:

- Development of Behavior & Emotional patterns passed generation to generation
- Fear, mistrust
- Lateral Violence
- Racism & Discrimination
- Oppression

**\*ACE: Traumatic experiences from abuse, neglect, and household dysfunction**

The research behind ACEs indicates that certain adverse childhood experiences, alone or in combination, have a direct correlation to health impacts in later life. The health impacts caused by ACEs are attributed to the increased stress associated with survived trauma.

The 10 questions on the ACEs test ask about the following childhood experiences:

The research of Jane Middleton-Moz and Lori Dwinell identified the following behavioral characteristics associated with survived trauma. As these behaviors continue to be exhibited in many areas of life, they continue to contribute to dysfunctional family, workplace and community behaviors that pass emotional stressors to the next generation. Today we call this epigenetics.

### ACES STUDY

- Humiliation (mental abuse)
- Child physical abuse
- Child sexual abuse
- Unloving/uncaring family
- Hunger/dirty clothes/unprotected,
- Addicted parents not taking care of you
- Loss of a parent
- Abused mother
- Alcoholic or drug addicted household member
- Depressed, mentally ill or suicidal household member
- Household member gone to prison

### 21 Characteristics of Trauma

- Fear of trusting
- Continuing sense of guilt
- Hyper-responsibility or chronic irresponsibility
- Perfectionist
- Counter-dependence or fear of dependency
- Need to be in control
- Difficulty hearing positives
- Overachievement or underachievement
- Poor self-image
- Compulsive behaviors
- Need to be right
- Denial
- Fear of conflict and anger
- Chaos junkies
- Fear of feeling
- Frequent periods of depression
- Fear of intimacy
- Fear of incompetence
- Hypersensitivity to the needs of others
- Repetitive relationship patterns
- Inability to relax, let go, and have fun

### The Native Experience also includes:

- Loss of spirituality
- Loss of lands
- Loss of language
- Loss of culture
- Boarding schools
- Discrimination/oppression
- Forced adoption
- Addictions
- Racism & Discrimination
- Disability
- Forced relocation
- Lack/loss of a job
- Boarding schools
- War survivors/PTSD
- Substance abuse
- Abuse in all forms
- Lack of education

# STRESSORS & TOXIC STRESSORS

## Normal Life Stressors

- ▶ Work: new job, lack of job
- ▶ Raising Children
- ▶ Paying the bills
- ▶ Family-Extended Family-Tribe
- ▶ Grief & loss,
- ▶ Marriage, Divorce
- ▶ Home management
- ▶ Walking in two worlds
- ▶ Pursing education
- ▶ Lack of education
- ▶ Poverty
- ▶ Money Management-Tribal per capitas

## Toxic Stress-prolonged exposure creates:

- Health problems
- Depression, anxiety
- Mental Health issues
- Poor self esteem
- Increase school drop out
- Tobacco use
- Disability
- Obesity, and disease
- Substance use/abuse
- Early sexual activity in youth
- Domestic violence
- Suicide



# Building Self-Healing Communities



Understanding

N. E. A. R.

Neuroscience

Epigenetics

Adverse Childhood Experiences

Resilience



**Memory of our experiences**  
IS STORED IN OUR BODY

CONCEPTION



Danger

Fight  
Flight  
Freeze

Survive  
Worst  
Conditions



Safety


People  
Process  
Possibility

Survive Best  
Conditions -  
*Vulnerable in  
Worst*

Childhood Experience

Adaptation

Adult Functioning



What kind of situations might be a good match for a person who tends to be edgy, hypervigilant, emotionally detached, or quick to act?

# ADAPTATIONS VS EXPECTATIONS

WHEN BIOLOGY

collides

WITH SOCIAL  
EXPECTATIONS  
we run into

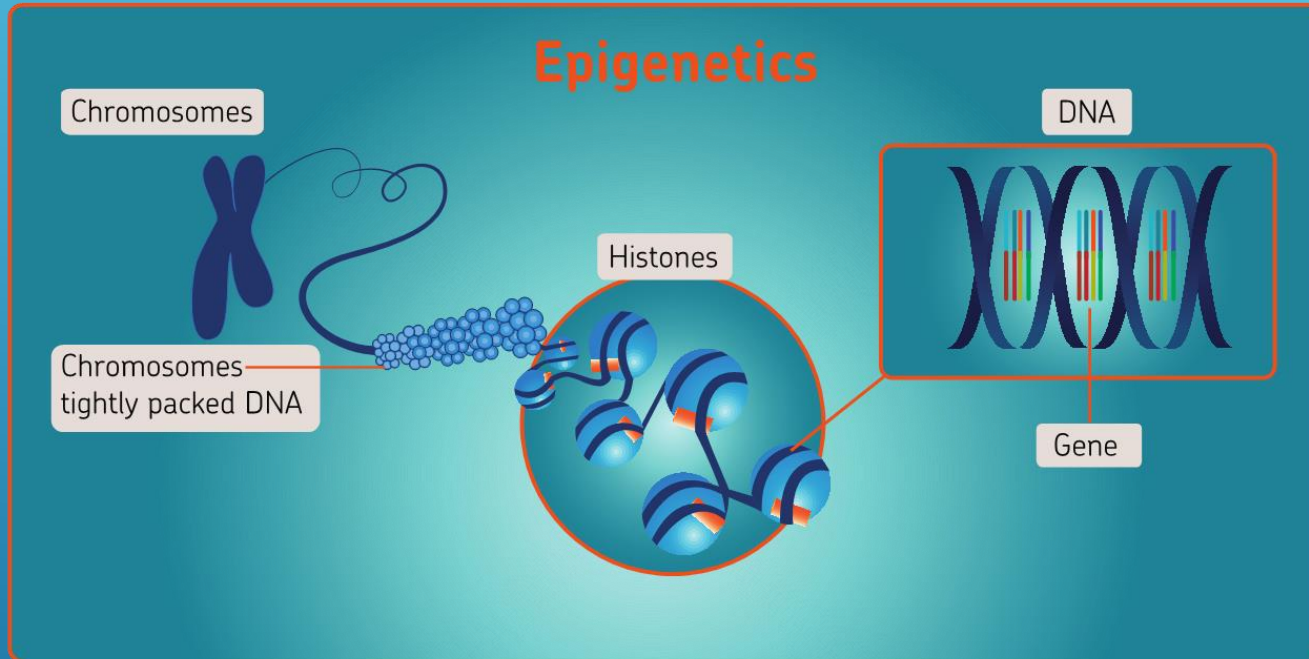
**TROUBLE**





# EPIGENETICS

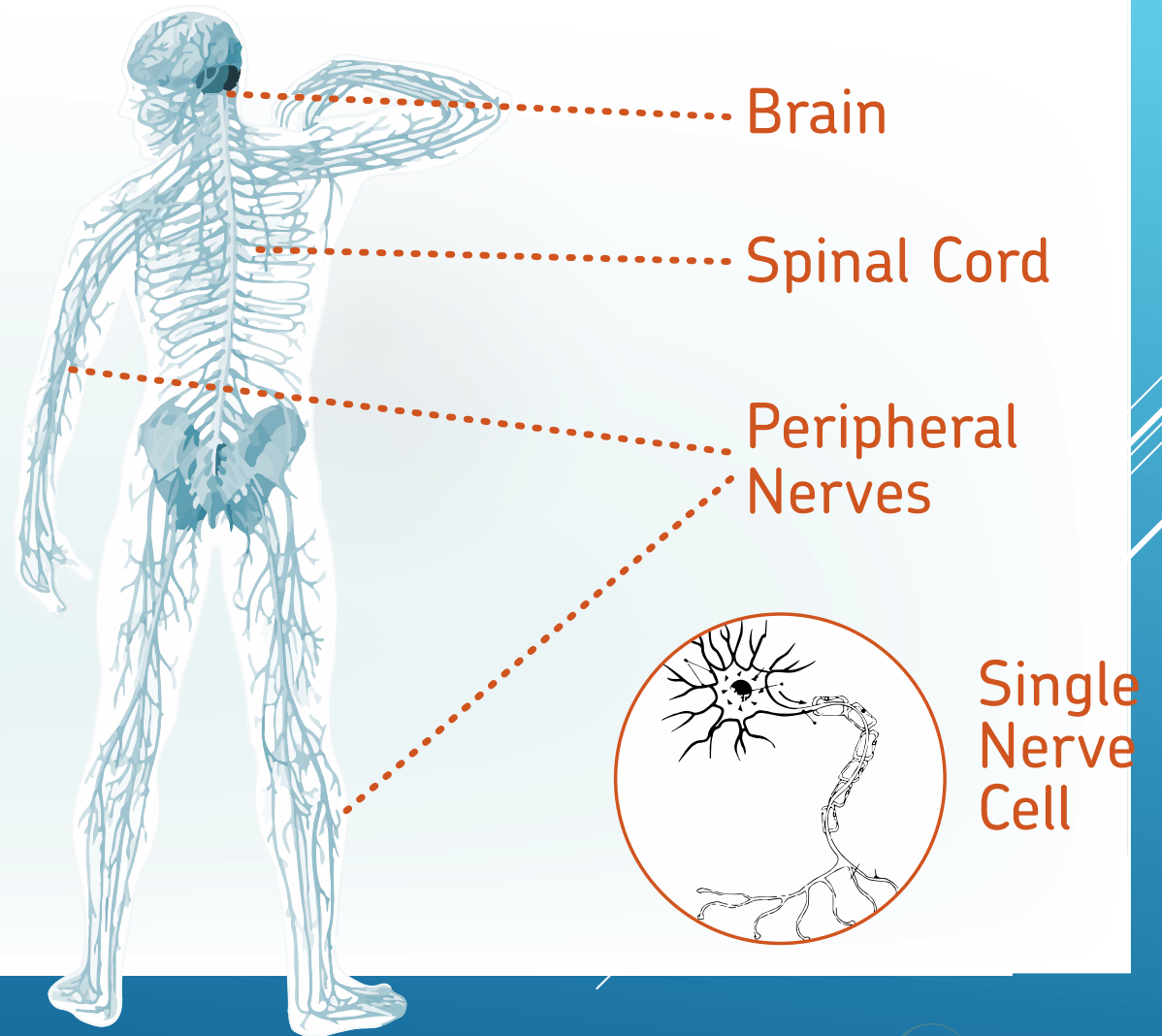
## ACEs Influence Gene Expression



# HUMAN NERVOUS SYSTEM

Nervous system  
ORCHESTRATES BODY  
FUNCTIONS & PERCEPTIONS

Neuroscience  
HELPS US UNDERSTAND WHY  
**A C E S**  
ARE SO POWERFUL



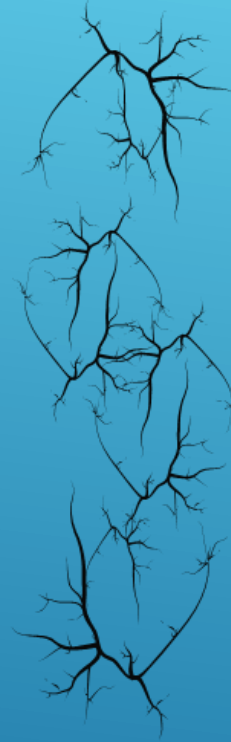
# SYNAPTIC DENSITY



At Birth



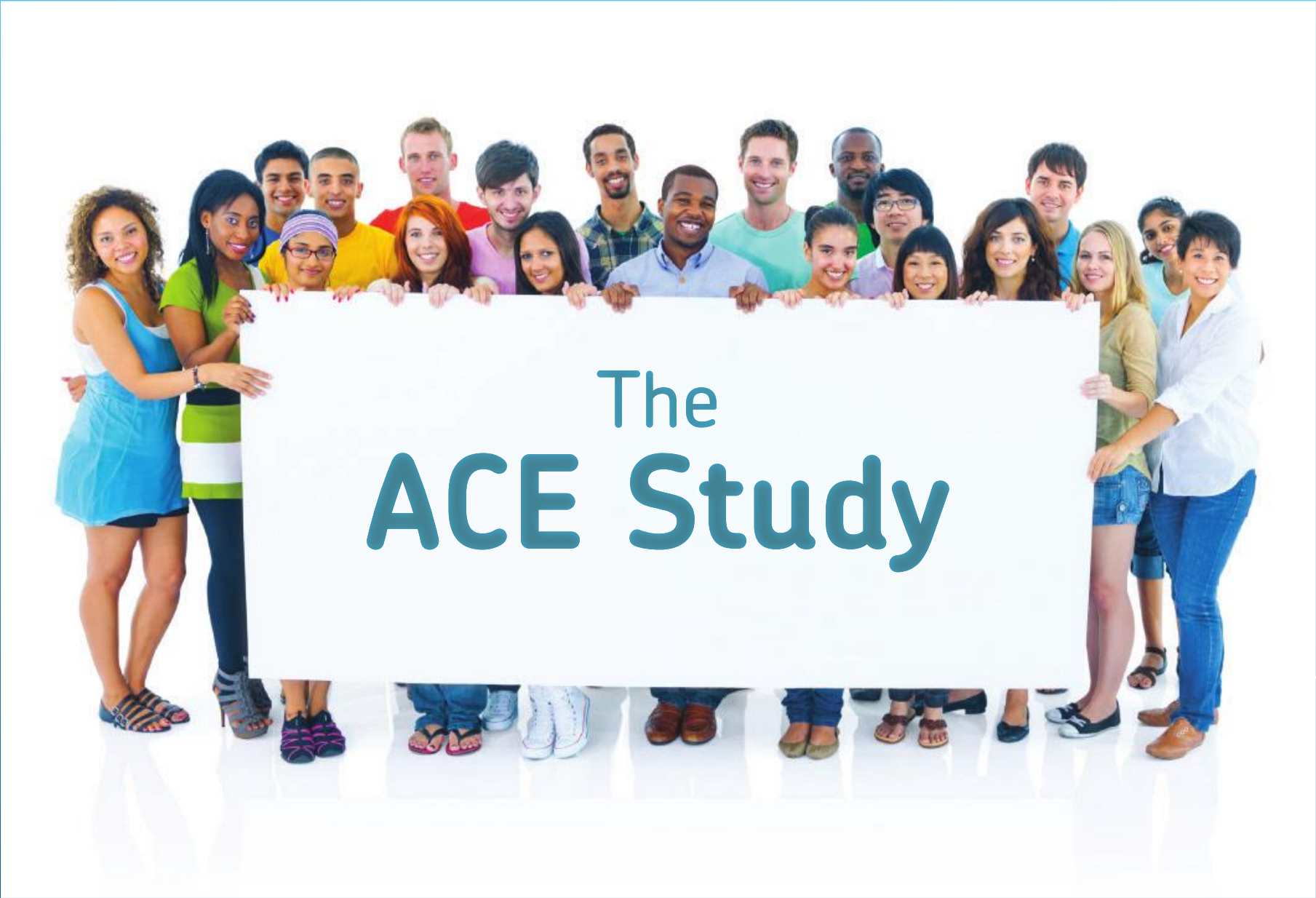
Elementary Age



Puberty



Single  
Neuron



01/12/14

**NEWS**

# Early Adversity Increases Physical, Mental, Behavioral Problems, Scientists Report



Dr. Robert Anda & Dr. Vincent Felitti  
Investigators

Centers for Disease Control & Prevention,  
Kaiser Permanente Study

Over 17,000 study participants

The ACE Study confirms, with scientific evidence, that adversity early in life increases physical, mental and behavioral problems later in life.

**Hypothesis of ACE**

**Death**



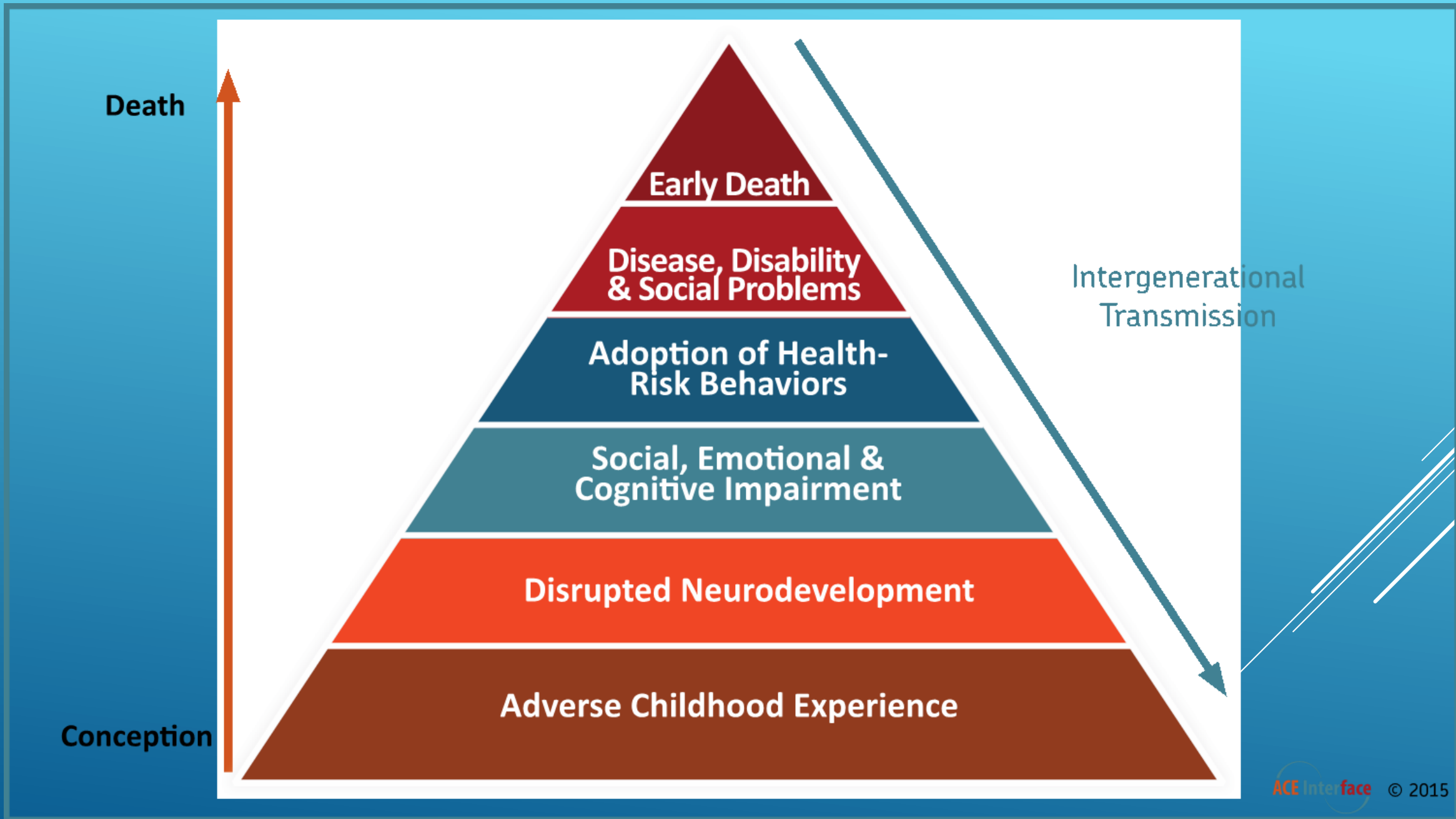
**Early Death**

**Disease, Disability  
& Social Problems**

**Adoption of Health-  
Risk Behaviors**

**Conception**

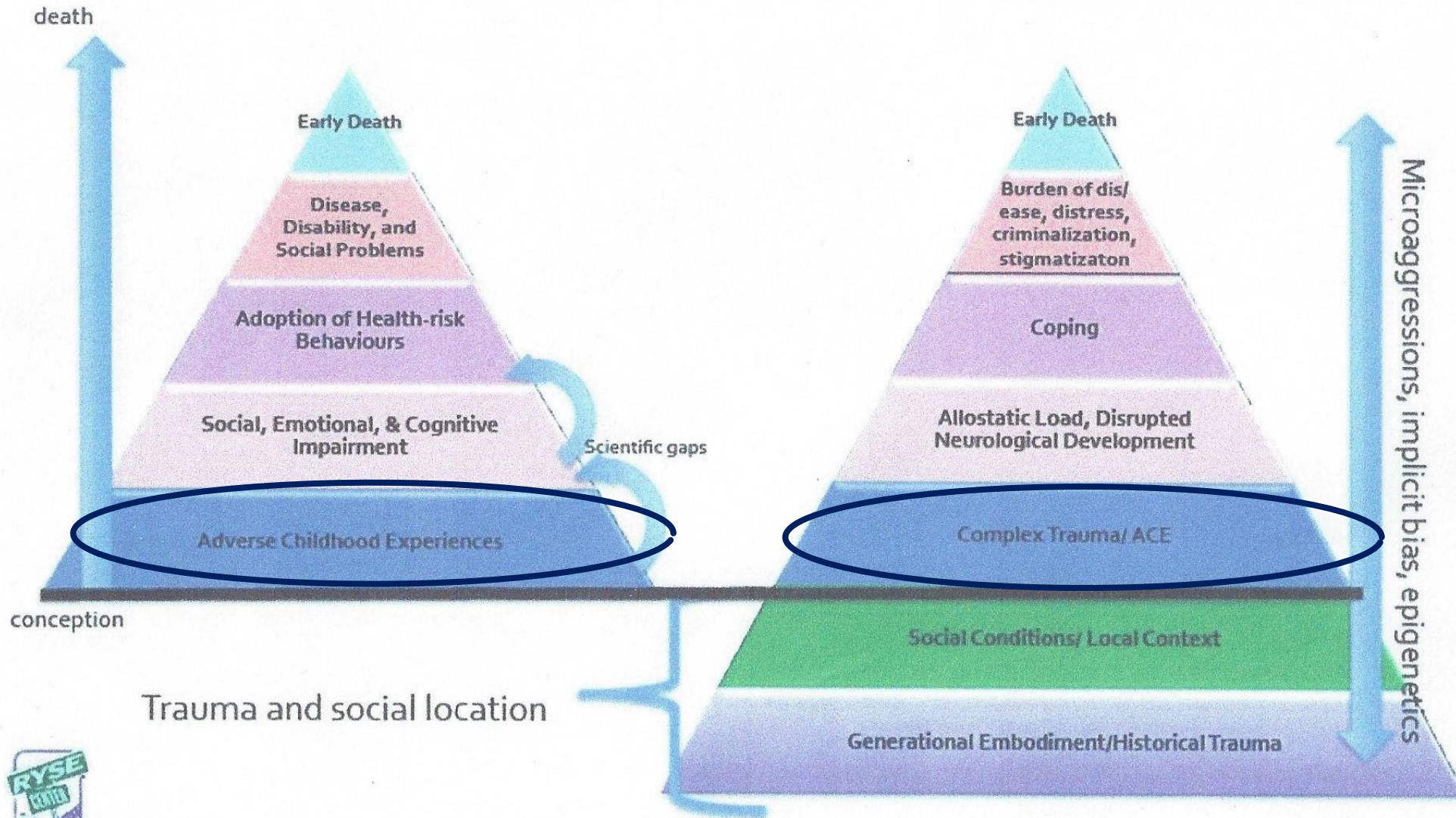




# Trauma and Social Location

Adverse Childhood Experiences

Historical Trauma/Embodiment



Trauma and social location



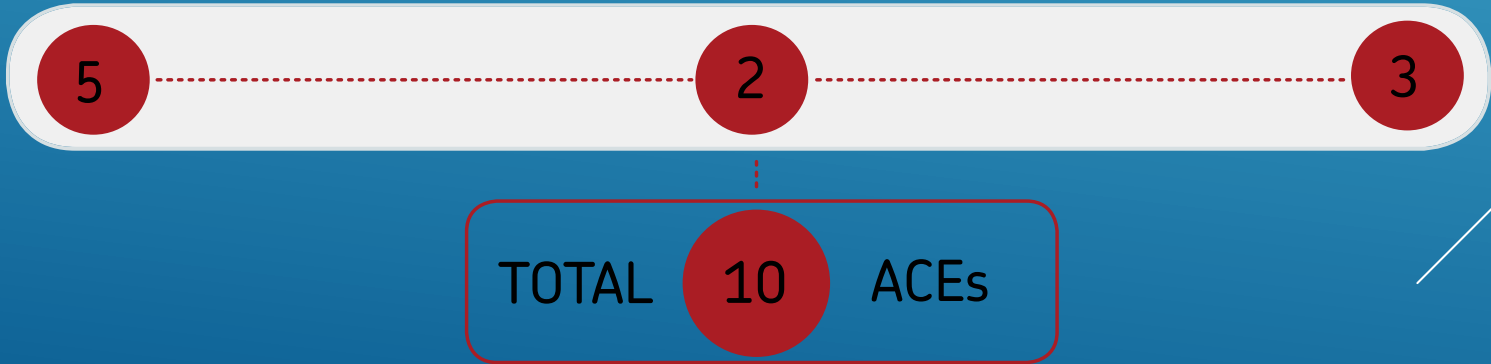


# Adverse Childhood Experiences **ARE COMMON**

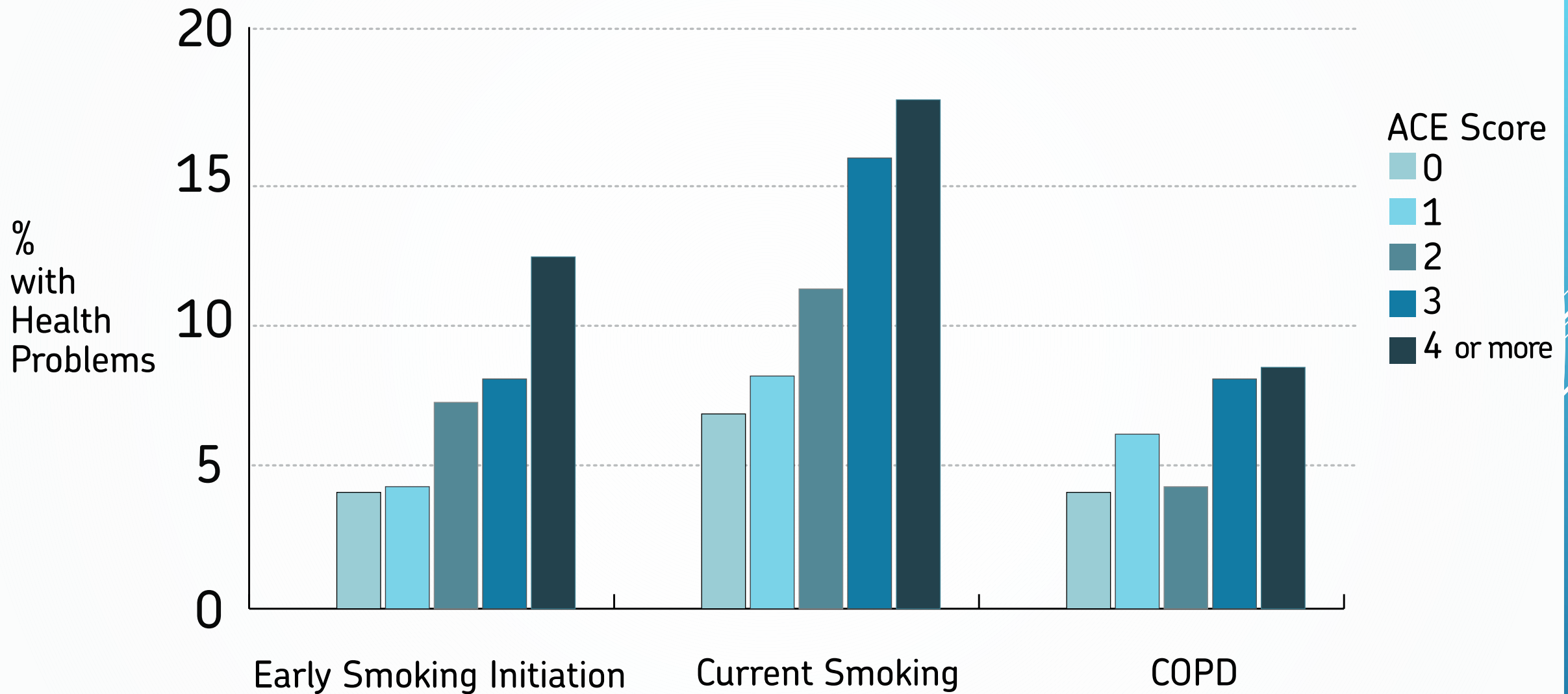
Household Dysfunction	
Substance Abuse	27%
Parental Sep/Divorce	23%
Mental Illness	17%
Battered Mothers	13%
Criminal Behavior	6%

Neglect	
Emotional	15%
Physical	10%

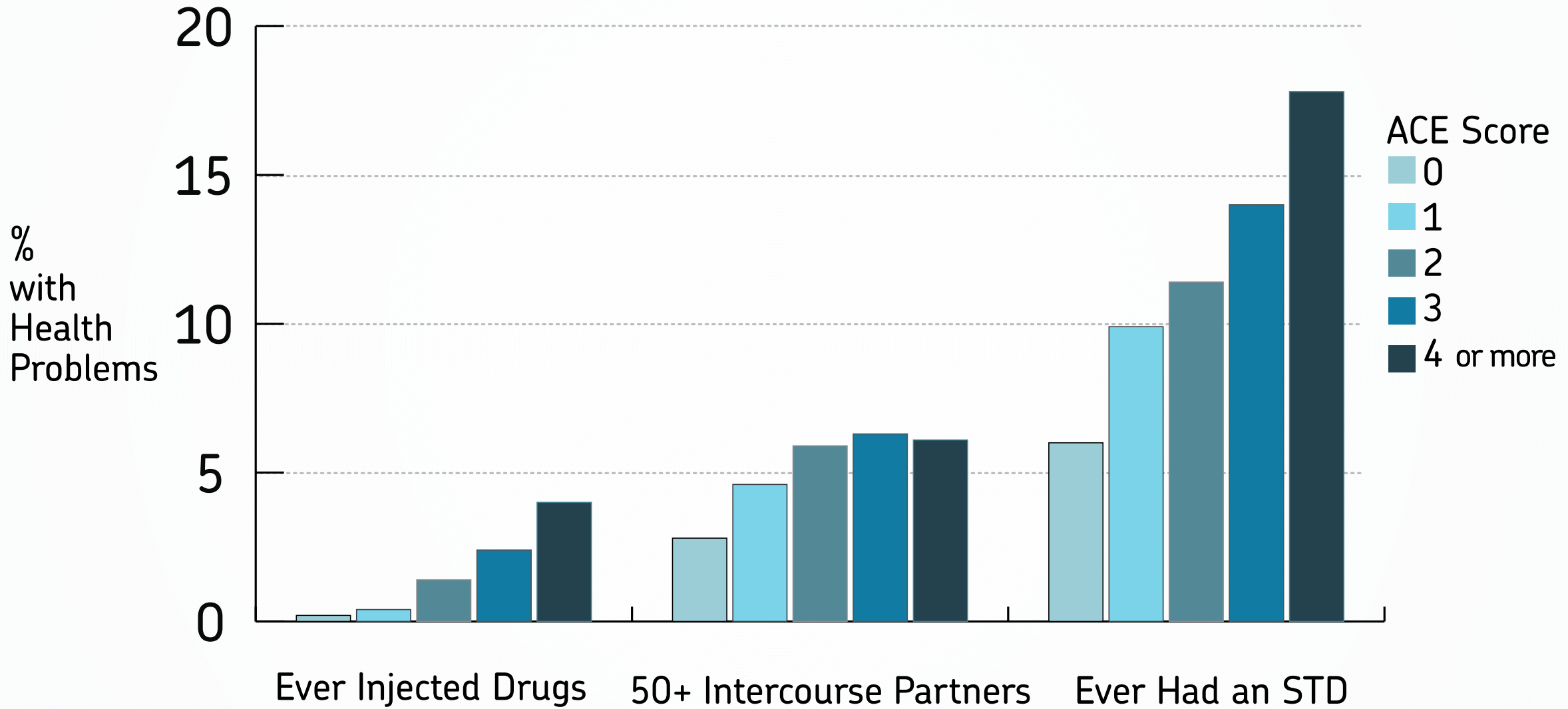
Abuse	
Emotional	11%
Physical	28%
Sexual	21%



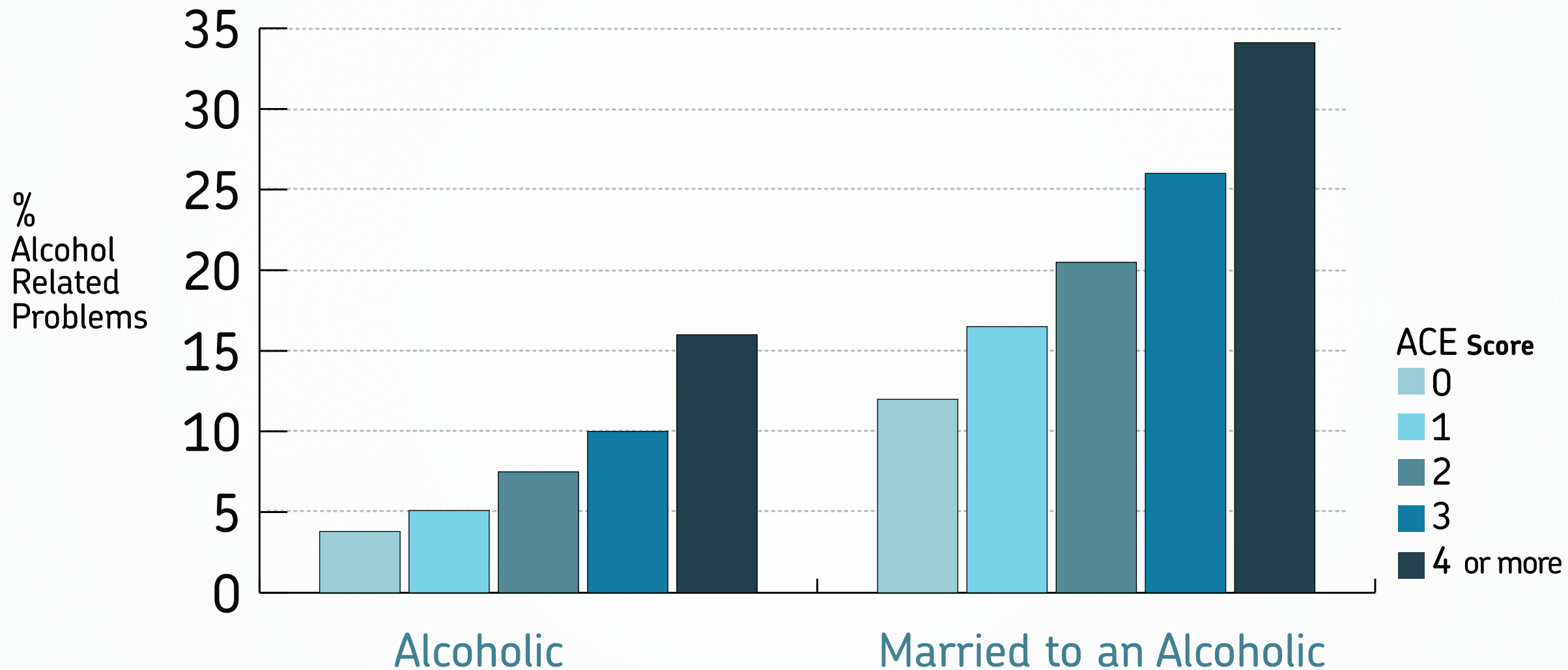
# ACEs, Smoking and Lung Disease



# ACE Score and HIV Risks



# ACEs & Alcoholism & Marrying an Alcoholic



# What is the story of your life?

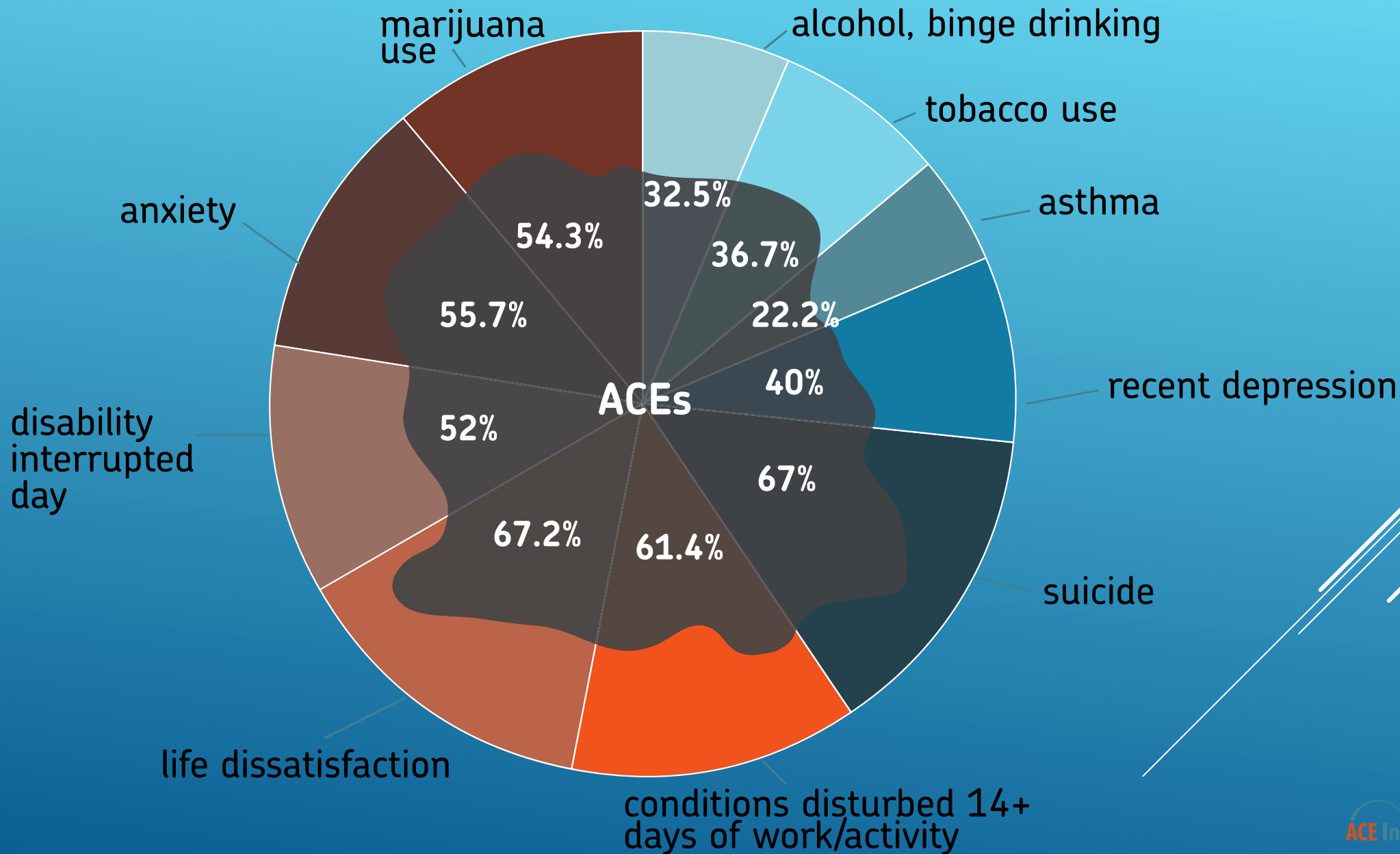




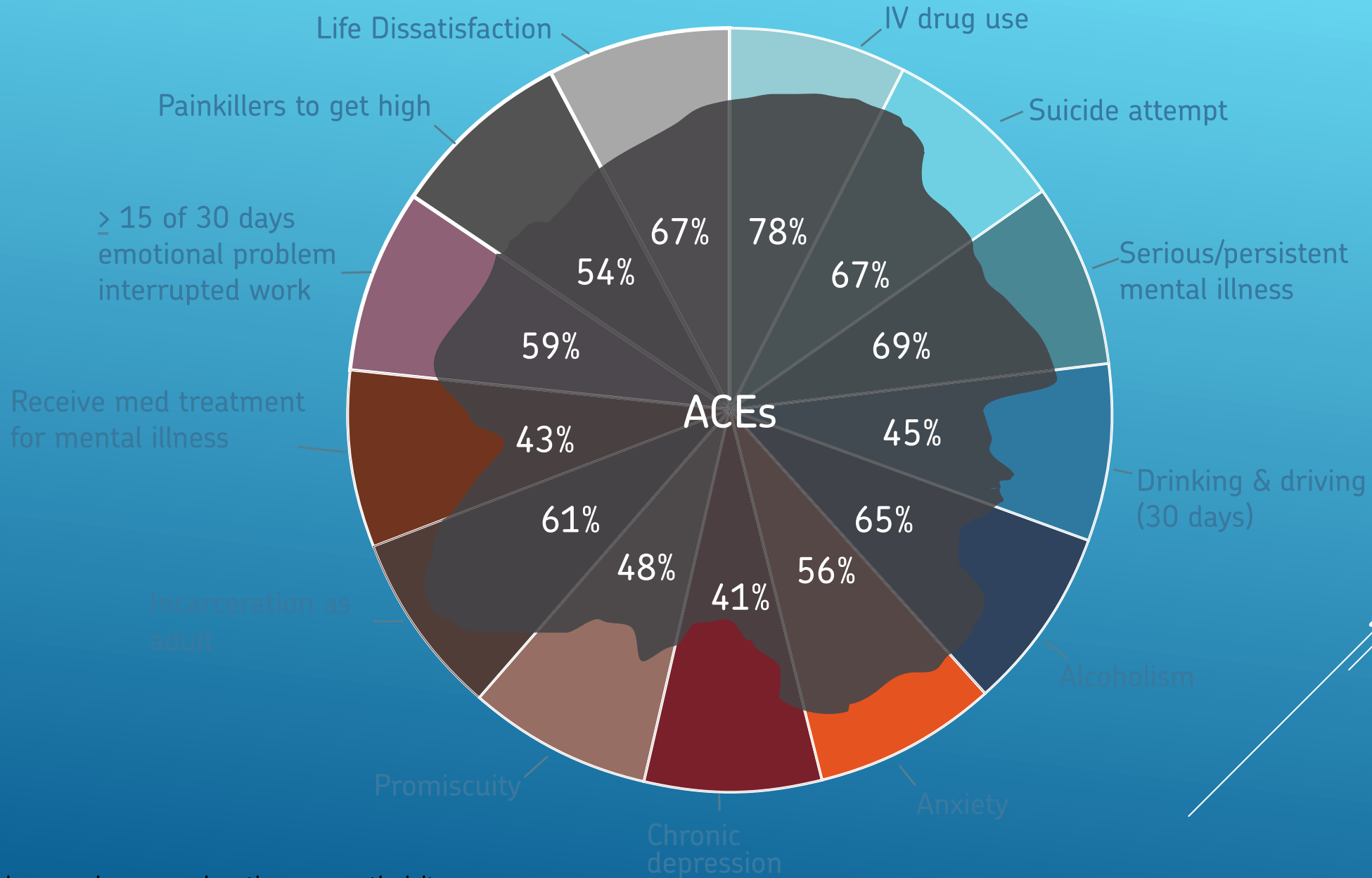
A n x i e t y  
D e p r e s s i o n  
D i f f i c u l t y C o n c e n t r a t i n g  
S M O K I N G

S M O K I N G

# Population Attributable Risk



# Population Attributable Risk

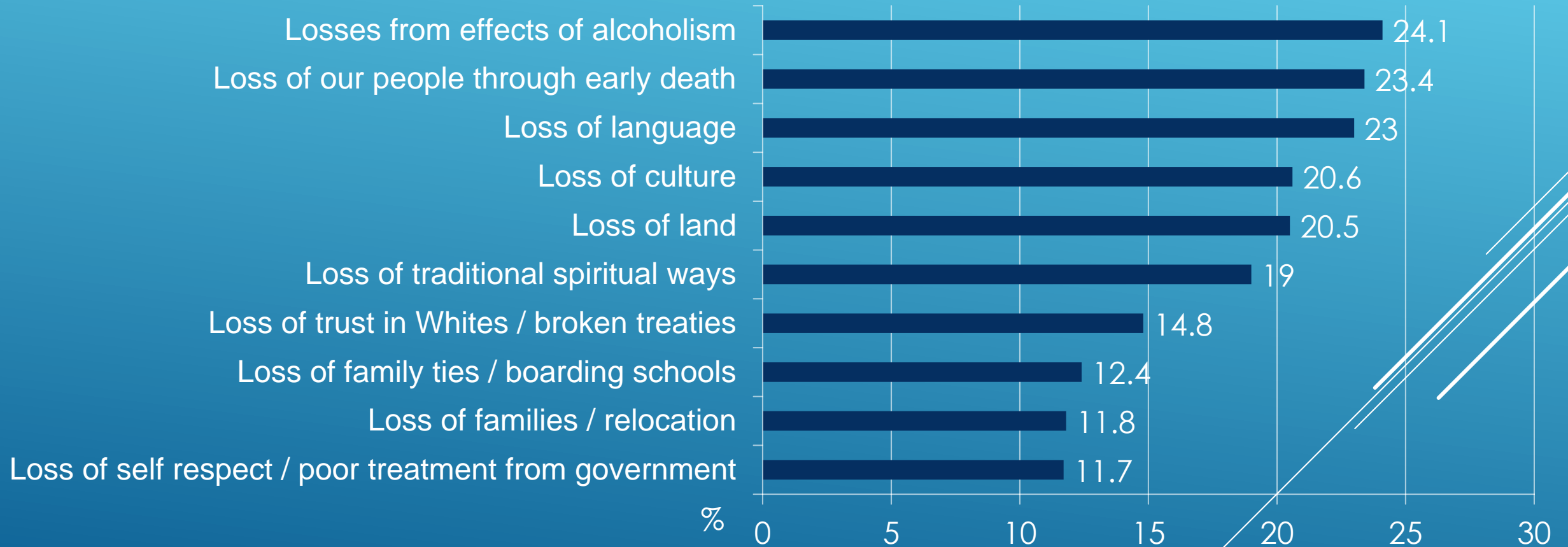


Controls: gender, age, income, education, race-ethnicity



# THOUGHTS OF HISTORICAL LOSS AMONG INDIGENOUS YOUTH (AGES 11-13)

## Thoughts daily or several times a day



# Core Protective Systems

Capabilities

Attachment  
&  
Belonging

Community  
Culture  
Spirituality

**“Nurturing the healthy development of these protective systems affords the most important preparation or ‘inoculation’ for overcoming potential threats and adversities in human development. Similarly, damage or destruction of these systems has dire consequences for the positive adaptive capacity of individuals.”**

*Ann Masten, 2009*

# Cultural Respect and Continuity is Vital

Reclaiming cultural ways after a time of loss is a powerful driver of well-being. “One of the first things that has to be done is to ask the community what is important to the community.”

*Duran & Duran, 1995*





# COMMON CAUSE

everyone can contribute  
prevent accumulation

# of ACEs



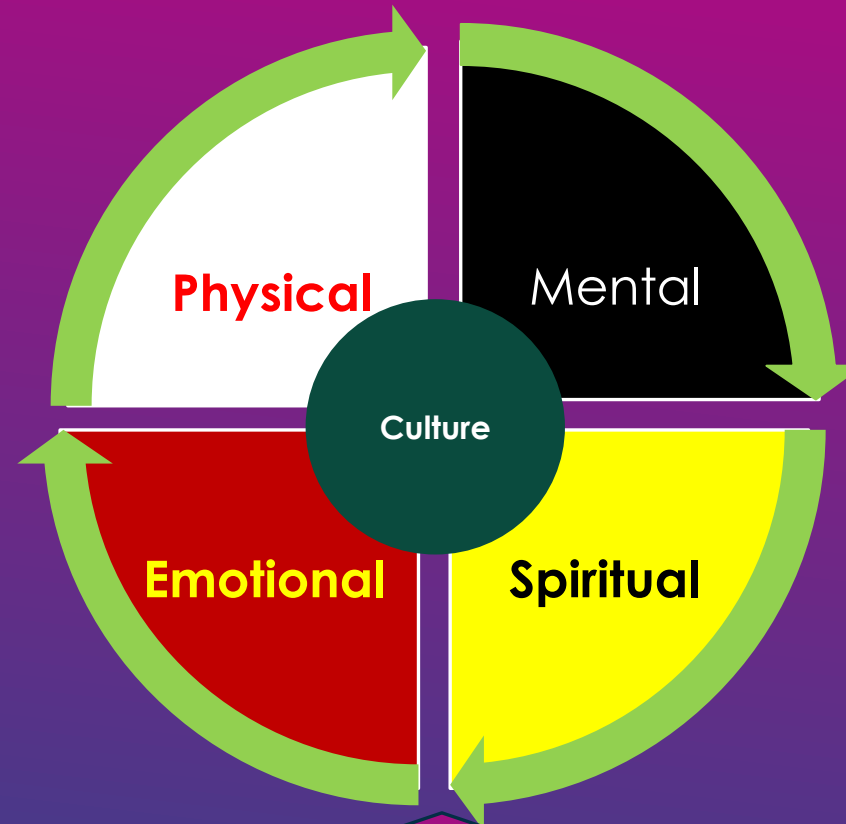
## American Indian Health Commission

**The *Pulling Together for Wellness*** is a comprehensive, tribally-driven, and culturally-grounded prevention framework developed through the guidance of Washington Tribal and Urban Indian Leaders. It adapts evidence-based practice by integrating western science and Native epistemology.



### Pulling Together for Wellness Framework Components

- Definition, vision and values of the PTW framework
- Community health assessments and environmental scans
- Inventory Cultural appropriate strategies
- Matrix: Vision, Goals, indicators, strategies, PSE, EB, PB, PP
- 18 Competencies



Generational Clarity

## HEAL

**H**istorical Trauma, Discrimination, & Racism  
**E**quity and Social Determinants of Health  
**A**dverse Childhood Experiences  
**L**ateral Violence and oppression

### Pulling Together for Wellness Strategies

- Mobilizing at the Tribal/Community level
- Leadership and Community Engagement
- Engagement of Youth and Elders
- Recruit and Retain Partners
- Action Planning Process
- Storytelling – balance of data and stories.
- 7 Generation Strategies – strength based

**PULLING TOGETHER  
FOR WELLNESS**



# Pulling Together for Wellness THE HEART OF THE FRAMEWORK

**American Indian Health Commission for Washington State**  
**PULLING TOGETHER FOR WELLNESS**

*A healthy Tribal and Urban Indian community is a safe and nurturing environment, where American Indian and Alaska Native people can experience emotional, spiritual, physical, and social health.*

**Healthy communities provide the resources and infrastructure needed to empower people to make healthy choices and to ensure health equity.**

<i>Our Vision</i>	<i>Our Values</i>
<ul style="list-style-type: none"><li>• Our babies are born healthy; our mothers and fathers are supported.</li><li>• Our tribal youth and adults are strong in mind, body, and spirit.</li><li>• Our elders live long healthy lives (100+).</li><li>• Our families have access to healthy nutritious food and know how to hunt, catch, gather, grow, harvest and preserve it.</li><li>• Our families play and learn together in safe and nurturing environments.</li><li>• Our people are self-sufficient and have opportunities for employment and life-long learning.</li><li>• Our people have safe affordable housing.</li><li>• Our people have self-responsibility.</li><li>• Our people are happy, kind, and have good humor.</li><li>• Our communities nurture our children and respect our elders.</li><li>• Our communities embrace traditional values about respect and honor of all people of all ages.</li><li>• Our communities have food sovereignty.</li><li>• Our communities practice and hand down traditions from generation-to-generation in ceremony, language, and living.</li><li>• Our communities respect and are connected to our natural environment.</li><li>• Our environments are safe and provide all people with culturally appropriate choices to be healthy.</li><li>• Our environments are free of alcohol, commercial tobacco, and other drugs.</li><li>• Our systems, policies, and environments are trusted, empower our people, are culturally competent, and promote health equity.</li></ul>	<p>A commitment to the following values will inform and guide the development and implementation of the Pulling Together for Wellness prevention framework:</p> <ul style="list-style-type: none"><li>• We acknowledge tribal sovereignty and self-identity are the highest principles.</li><li>• We encourage a shared responsibility for the health of our communities.</li><li>• We acknowledge the importance of cultural health as our way of life.</li><li>• We serve our elders.</li><li>• We help our Tribe and/or community.</li><li>• We embrace a life course perspective; starting with babies and moms.</li><li>• We respect all people.</li><li>• We acknowledge how resources are distributed show community values as in investing in vulnerable members of society.</li><li>• We embrace the seven-generation principle with the wisdom and experience of our ancestors and elders as fundamental.</li><li>• We acknowledge the importance of ceremony and time to heal.</li><li>• We protect and strengthen culture, traditional values, and spirituality.</li><li>• We embrace the importance of rest and seasonal living.</li><li>• We acknowledge our interconnected relationship with Mother Nature and the responsibility to protect our environment.</li><li>• We understand the importance of community incentives and healthy competition.</li><li>• We promote social justice and health equity.</li><li>• We serve our community with "Sacred Hospitality."</li></ul>

March 2013 © 2015 AIHC

- Culturally Grounded Healthy Communities Prevention framework
- Vision / Values
  - Life-course approach
  - Culture as a key factor in health
  - Importance of traditional values
  - Community and Place based
  - Social Ecological Public Health Context
  - Knowledge and Expertise based on Community Wisdom

# CREATING NATIVE HEALING ENVIRONMENTS

## ▶ What does a healing environment look like/include?

- ▶ Safety
- ▶ Loving
- ▶ Supported
- ▶ Belonging
- ▶ Native Identity
- ▶ Success walking in two worlds
- ▶ Culture and Traditional practices
  - ▶ Common Language – Shared Dialect, Verbal, Body, Sign, Writings, Art
  - ▶ Geographic Land Base – Living, Gathering, Hunting, Tools & Implements
  - ▶ Medicines and Foods – Plants, Animals, and the Preparation Process
  - ▶ Traditional Dress – Design, Creation, and Materials used
  - ▶ History and Stories – Creation, Oral/Visual Stories, Teachings, Roles & Responsibilities
  - ▶ Traditional Cultural Structure – Beliefs, Values, Ethics, Traditional & Legal Governance, Family, Relationships to all things,
  - ▶ Spiritual – Beliefs, Practice, Ceremonies, Songs, Music, Laughter
- ▶ How do we support our people through transition?
- ▶ **What will you do?**



THANK YOU!

**Contact:**

**Jan Ward Olmstead, Public Health Policy and Project Consultant**

**AMERICAN INDIAN HEALTH COMMISSION FOR WASHINGTON STATE**

**[janolmstead@gmail.com](mailto:janolmstead@gmail.com)**

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