

Intergenerational Trauma among AI/AN Women and its Impact on Women's Health and Cancer Screening.



Technical Assistance Webinar

Intergenerational Trauma among AI/AN Women and its Impact on Women's Health and Cancer Screening.



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Celena Donahue is Pueblo Indian, and her family is Hupa, Yurok, and Karuk. She was raised on the Hoopa Valley Indian Reservation in rural northeastern Humboldt County, California. She graduated from California State University of Sacramento in 2008.

She currently is a Health Equity Advocate and a Talking Circle Facilitator and has 17 years in Clinical Pathology. She has been working in Public Health for over a decade and has successfully collaborated with numerous tribes, Indian Health Services (IHS), community clinics, and different stakeholders in the healthcare community over the past several years. As a result of her collaborative efforts, there has been a significant increase in health and cancer screenings.

Faculty Disclosure Statement

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- No commercial interest support was used to fund this activity.

Evaluation

A post webinar evaluation will be emailed from the Zoom platform 24 hours after today's presentation. We'd love to hear how we did today.

There will be no continuing education units for today's presentation.

Overview

Through this presentation, you will gain an increased knowledge and understanding of the history and historical trauma amongst Native Americans and AI/AN women, understand the barriers within Native American populations and the impact on women, women's health, and gynecological cancer screenings.

Intergenerational Trauma Among AI/AN Women and its Impact on Women's Health and Cancer Screening

Celena Donahue

Public Health, Health Equity
Advocate, Facilitator



Agenda

- Topics
 - History
 - Historical Trauma
 - Stories/Examples
 - What works
 - Evidence Based Interventions
- Q&A
- Wrap Up

Land Acknowledgement. Whose Land are you on?





Honoring Original Indigenous Land

We gratefully acknowledge the Native Peoples on whose ancestral homelands we gather, as well as the diverse and vibrant Native communities who make their home here today.

-NMAI Land Acknowledgement

Colonization and AI Policy, Timeline

- 1769: Spanish Mission Era (AI enslavement)
- 1819:** US Civilization Fund Act (forced AI children into boarding schools)
- 1823: Mexican colonization, dispossession of native lands (813 land grants)
- 1848: Gold Rush Era and mass murder
- 1850:** Government & Protection of Indians Act (bounty on AI adults, enslavement of AI children (males – 30, females 25); repealed in 1867, 4 years after the Emancipation Proclamation)
- 1852: Eighteen unratified treaties (7.5M Acres)
- 1873-98 Reservation/Rancheria Era (36/16 established)
- 1883: Code of Indian Offences – US Legislation outlawing AI religious practices
- 1893:** General Allotment Act (breaking up and privatizing reservation lands)
- 1951: Termination Era – Rancheria Act of 1958 (23 Rancherias terminated)
- 1975:** Indian Self-Determinations and Education Act (PL93-638)
- 1978:** American Indian Religious Freedom Act

California's First Governor, 1849-1851 Governor Peter H. Burnett declared:

“That a war of extermination will continue to be waged between the races until the Indian race becomes extinct must be expected. While we cannot anticipate this result but with painful regret, the inevitable destiny of the race is beyond the power or wisdom of man to avert.”

- In 1851-52, the California Legislature authorized payment of \$1,100,00 (one hundred ten thousand) for the “suppression of Indian hostilities.” While theoretically attempting to resolve White-Indian conflicts, these payments only encouraged White settlers to form volunteer companies and try to eliminate all the Indians in California. (Heizer, 1978:108)

Historical Trauma

Today, current and generational issues affect Native American communities, families, and individuals. There is no simple solution. Historically, Native Americans have been marginalized by government policies, such as sending Native children to boarding schools where they are taught to assimilate, resulting in the displacement or extermination of communities. There can be a feeling among Native Americans that “Everybody hates you,” and these attitudes and conflicts are passed down through generations. Additionally, there are problems with economic and political disparity.



What is Historical Trauma?

What is historical trauma? Historical trauma is “a constellation of characteristics associated with massive cumulative of trauma across generations” (Brave Heart, 1999).

“These events don’t just target an individual, they target a whole collective community...the trauma is held personally and can be transmitted over generations.

Historical Trauma, Truth, & Healing

Historical trauma is entirely different than consciously holding onto the past when it resides in your ancestral memory and DNA. It results in numerous defense mechanisms, developmental malfunctions, and behavioral issues. This is scientific and is supported in studies.

*-Tony Ten Fingers/Wanbli
Nata'u, Oglala Lakota*



How does trauma get passed down through generations

Trauma (like from extreme stress or starvation among many other things) can be passed from one generation to the next.

Here's how: Trauma can **leave a chemical mark on a person's genes**, which can then be passed down to future generations. This mark doesn't cause a genetic mutation, but it does alter the mechanism by which the gene is expressed. This alteration is not genetic, but epigenetic.



When people hear the word “GENOCIDE”

When people hear of the word “genocides” many often think of gas chambers or mass murders by a machete. But crime of genocides is defined as **the intent to destroy, in whole or in part, a national, ethnic, racial, or religious group.** The definition of “genocides” includes killing but it also includes less visible measures- such as preventing births within a group, which is a goal of forced sterilization.

Stories/Examples

- **Example of Historical Trauma #1**

The 1890 Wounded Knee Massacre occurred on the Pine Ridge reservation. In 1973, the Wounded Knee Occupation took place a short distance from the original battlefield. Between 1973 and 1976 there were 3,400 sterilizations performed at Indian Health Service (IHS) facilities with marginally understood consents. These historic events are still part of the community and conversations today. Understanding the history and incorporating that information in interactions with the patients are important parts of gaining trust and sharing a common view of life on the Plains.

Stories/Examples

Example of Historical Trauma #2

The Lost Generation: American Indian Women and Sterilization Abuse “I had been sterilized at the age of eleven, at the IHS Indian Health Service hospital here in the early 1950s. I got married in the 1960s and I went to the doctors and he told me that I had a partial hysterectomy. When I was a child they were giving us vaccinations and mine got infected and a nurse came and gave me shot so I wouldn’t hurt. When I woke up my stomach was hurting and I was bleeding”

(Women speaking on radio show, “Native America Calling 2002).

- A third of the sterilization were done on girls under the age of 18 (as young as age 9)

- U.S. Indian Health Services (IHS) Applied forced sterilization to 3,406 Women (the number is known to be Much greater)



What we Know

- Modern form of genocides
- 1970 Family Planning Services and Population Research Act
- 25% of Native American women of childbearing age were sterilized (there is evidence –and we know that number is actually higher)
- Some of these procedures were performed without consent, under pressure or duress, or without their knowledge or understanding.

1976: Government admits unauthorized sterilization of Indian Women

A study by the U.S. General Accounting Office finds that 4 of the 12 Indian Health Service regions sterilized 3,406 American Indian women without their permission between 1973 and 1976. The GAO finds that 36 women under age 21 were sterilized during this period despite a court-ordered moratorium on sterilizations of women younger than 21.

Two years earlier, an independent study by Dr. Connie Pinkerton-Uri, Choctaw/Cherokee, found that one in four American Indian women had been sterilized without her consent. Pinkerton-Uri's research indicated that the Indian Health Service had "singled out full-blooded Indian women for sterilization procedures."

THEME Federal-Tribal Relations

REGION California, Great Basin, Great Plains, Northeast, Northwest Coast, Plateau, Southeast, Southwest



Women's Health & Cancer Screening

AI/AN Women have lowest rate of Mammography



- American Indian/Alaska Native women have the lowest rate of mammography of all ethnic groups. One study found that only 36.6% of AI/AN women over the age of 40 had not received their mammography within the past year. These rate vary by region.

HPV-human papillomavirus

- Cervical cancer is the most common HPV associated cancer among AI/AN Native women while oropharyngeal cancer is the most common HPV associated cancer among Native men.
- HPV vaccine is recommended for everyone ages 9-26 to protect against HPV
- HPV is a common infection that causes 99.9 percent of cervical cancers and the majority of other HPV cancers

Cervical Cancer disproportionately affects Native American Women

- AI/AN are nearly **twice as likely** to develop cervical cancer compared to white women and x4 as likely to die from it. Additionally, we are often diagnosed at a later stage.
- A number of barriers to cancer screening such as cultural reluctance to access Western medicine for nonacute health problems, transportation difficulties, lack of childcare, negative perception of health providers, long waits for appointments, poor patient-provider communications.

We know that culture affects how people communicate with, understand and respond to their providers about health care. This means it is crucial for providers to be culturally competent—recognize the beliefs, languages, traditions and health practices of the patients, and apply that knowledge to give the best care.



Transportation Barriers



ROAD
CONDITIONS



DISTANCE



WEATHER



Financial Barriers

- ❖ No Health Insurance
- ❖ Insurance Status
- ❖ Referrals



Cultural & Belief System

- ❖ Religion
- ❖ Spirituality
- ❖ Concepts of illness and death
- ❖ Traditional native American healthcare beliefs and practices



Cost as a Barrier



Travel
(road, air,
water)



Housing and
Utilities



Cost of fuel
and oil



Extended families
How and by whom are
decisions made?

Social Structure

We believe in using our way...

“Native Communities have the wisdom to find a solution.” Our knowledge, education, and way of learning has been through gathering, storytelling, and songs that are passed down generations to generations.



Knowledge and Education through Talking Circle

**Storytelling has been our way of
teaching and learning for centuries...**

As Native Americans, we are story tellers. That is how we gather and pass down knowledge and information. From the beginning of time; our way has been through storytelling and gathering. Talking Circles has been used as a culturally appropriate way to address barriers at a patient, community, and staff level.





It's easy to feel overwhelmed by the need for cultural competence to reduce health care disparities—but there are things we can do to make progress towards more equitable care.

Providers should be aware that racial and ethnic disparities exist, and that they are supporting to help eliminate these disparities while preserving the culture.

WHAT WORKS



Priority Evidence Based Intervention:

Provider assessment and feedback

Provider reminders

Client reminders

Reducing Structural Barriers (Talking Circles)

Quality Improvement Processes

Supporting Strategies:

Small media (Culturally appropriate)

Professional Education/Development training (Cultural competency)

Patient Education

Quality Improvement Processes:

- Providing technical assistance , such as QI coaching, to a health system to improve the systems measurable outcomes, such as a screening rate, using QI principles and tools.
- *Working with Tribes, Tribal Coalition, American Cancer Society, National Coalitions, State Boards, etc.*

K'ima:w means “good medicine” in the Hupa Language




Small Media/Health Communication:

- Dissemination of general health information content. Includes promotion of guidelines, literature, provider and patient information and best practices.
- *Make sure materials are Culturally appropriate*


5 REASONS WHY YOU SHOULD GET SCREENED FOR COLORECTAL CANCER

- 1** Colorectal cancer is the second leading cause of cancer death among American Indians and Alaska Natives.
- 2** The most effective way to reduce your risk of colorectal cancer is by having regular colorectal cancer screening tests beginning between the ages of 45-50.
- 3** Screening tests can find precancerous polyps, so that they can be removed before they turn into cancer.
- 4** Colorectal cancer can be present even without symptoms.
- 5** Your risk of getting colorectal cancer increases as you get older.

* If there is a history of colorectal cancer in your family, speak with your health care provider about when to begin screening.



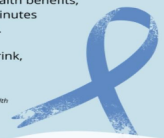
SOURCE: DIVISION OF CANCER PREVENTION AND CONTROL, CENTERS FOR DISEASE CONTROL AND PREVENTION




PREVENTING COLORECTAL CANCER
5 HEALTHY LIFESTYLE TIPS

- 1** **Maintain a healthy weight.** Being overweight may increase levels of some hormones in the body, which may increase your risk for some cancers.
- 2** **Reduce fat in your diet.** High fat diets can increase risk of colorectal cancer. Eat traditional foods like salmon, deer meat, nuts, and fiber rich grains.
- 3** **Keep tobacco sacred.** Reduce commercial tobacco use. Call the American Indian Quitline for support (1-855-5AI-QUIT).
- 4** **Exercise regularly.** For substantial health benefits, adults should do at least 150 to 300 minutes a week of moderate-intensity exercise.
- 5** **Reduce alcohol use.** The more you drink, the higher your cancer risk.

* If there is a history of colorectal cancer in your family, speak with your health care provider about when to begin screening.



SOURCE: DIVISION OF CANCER PREVENTION AND CONTROL, CENTERS FOR DISEASE CONTROL AND PREVENTION



Best Practices



- Know your history (cultural values)
- Listen to AI needs (needs can vary if a patient is referred from an FQHC versus a tribal clinic)
- Be adaptable, more culturally sensitive and reflective (in approach, materials, etc.)
- Bring in experts

Q & A



**THANK
YOU!!!**

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