

FUTURE OF NURSING™

Campaign for Action

AT THE CENTER TO CHAMPION NURSING IN AMERICA



Generational Trauma, Its Effect on Native Americans, And How Nurses Can Help

Webinar Summary
April 25, 2018

As part of the Native American Nursing Learning Collaborative (NANLC) webinar series to improve health equity for Native Americans, this webinar will feature the work of Native American nurse leaders building a culture of health.

Presenters will provide an overview of the history of Native American tribes and the effects of generational trauma, such as violence and homelessness, on health outcomes. They will discuss strategies and the importance of incorporating cultural values and beliefs in their work.

Objectives:

- Identify how adverse childhood experiences and generational trauma relate to events of the past and present.
- Discuss the effects of adverse childhood experience and generational trauma on health.
- Discuss how incorporating Indigenous wisdom into nursing practice is beneficial to patients and a possible tactic for cultural revitalization.
- Discuss the role and work of NANAINA leadership.

Presenters



Winifred V. Quinn, PhD
Director, Advocacy & Consumer
Affairs, *Center to Champion
Nursing in America*

Across the country, there is a movement to advance the field of nursing so that all Americans have access to high quality, patient-centered care in a health care system where nurses contribute as essential partners in achieving success. This national level [Future of Nursing: Campaign for Action](#) is a result of the Institute of Medicine's landmark 2010 report on the [Future of Nursing: Leading Change, Advancing Health](#).

The *Campaign for Action's* field-based teams, the [Action Coalitions](#) (ACs), are leading this movement and are equipping themselves with knowledge gained from technical assistance provided by the Center to Champion Nursing in America (CCNA), a joint initiative of AARP, the AARP Foundation, and the Robert Wood Johnson Foundation. Such technical assistance comes in the form of webinars, face to face interactions, and other facilitated engagements with public policy leaders, content experts, consultants, and Action Coalition peers across the country.



Regina Eddie, PhD, RN

Assistant Clinical Professor at Northern Arizona University, School of Nursing
Consultant on diversity issues, *Center to Champion Nursing in America*



Whitney Fear, RN, BSN (Oglala Sioux)

Nurse Case Manager, Community Outreach Nurse, *Homeless Health Services*, Fargo, ND



Lisa Martin, PhD, RN (Lac Du Flambeau Band of Chippewa)

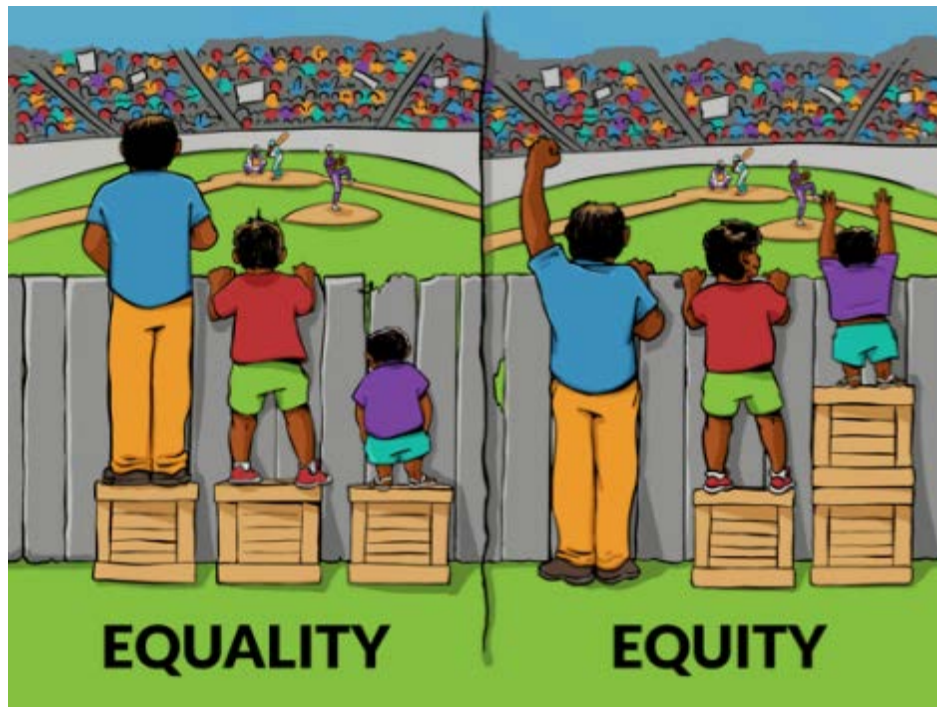
President, National Alaska Native American Indian Nurses Association
Associate Professor, St Catherine University



Misty Wilkie, PhD, RN, (Turtle Mountain Band of Chippewa)

Immediate Past President, National Alaska Native American Indian Nurses Association (NANAINA);
Associate Professor, Bemidji State University

For today's webinar and all the work dedicated to improving Native American health, it is important to understand the meaning of 'health equity' and how this differs from 'health inequality'. Often these terms are used interchangeably. This image illustrates the differences between the two.



Interaction Institute for Social Change | Artist: Angus Maguire
<http://interactioninstitute.org/illustrating-equality-vs-equity/>

“There are three individuals of different heights who are attempting to peer over a fence. In order to treat them equally, they would all be given the same size box to stand on to improve their lines of sight. However, doing so wouldn't necessarily help the shortest person see as well as the tallest person. In order to give equitable treatment, each person would need to be given a box to stand on that would enable a clear view over the fence.”

In essence, health equity is about ensuring equal and fair opportunity to being healthy, and this is done by increasing resources for all people, but people who may have greater need may need more help or resources. Whereas, health equality essentially means providing the same resources to all people to be healthy.

For Native communities, an approach to advancing health based on health equity is key as it considers the challenges in Native communities that are faced with fewer resources and opportunities.

Today's presentation will highlight the work of Native American nurse leaders, and their work in addressing the impact of 'Generational Trauma' on Native American health.

What does wiiyowata mean?

Wiiyowata is a Lakota term to describe the appearance of the skyline as the rays of the morning sun stream upwards, just before sunrise. For Lakota peoples, the morning is a significant time. It is a new day that the Creator has given to the people. There is hope in every bit of those first glimpses of the sun.

Each morning, our ancestors would sing to welcome the day and give thanks for all the gifts bestowed upon them. They felt happiness for being with their people, in the way that had allowed our people to prosper since we were placed here in our home on Earth. When I think of restoring that happiness to my Oyate (family), it brings me as much joy as I feel each time I watch the first light of the morning coming over the horizon. I think we can be happy, healthy and prosperous as we once were.

Statistics on the reservation:

- Life expectancy 4.4 years less than the rest of the U.S. population
- 2.1 times higher rate of death from violence
- 1.7 times higher rate of death from suicide
- 4.8 times higher rate of cirrhosis
- 3 times higher rate of type II DM
- Complete lack of tracking of data related to missing persons cases and murder involving Indigenous peoples

According to Whitney Fear, RN:

The health disparities facing my mitakuyape (relatives) are astounding. For me, the most alarming statistic is that we don't even know how many of our people are missing or murdered.

We are the only race without a database tracking that information. In my current practice, I see weekly occurrences of sexual assault, human trafficking, drug use, alcohol use and severe mental illness among our people. The women, in particular, are often targets for criminal activity related to drugs or sex trafficking.

The promise of bettering one's life drew many Native American people off the reservation. Unfortunately, success is just as likely to occur in the city as it is on the reservation. In fact, it may be more difficult. Those who live off the reservation are separated from tribal resources, their peer supports, the ability to easily practice cultural beliefs and the ability to access Indian Health Services.

At the current time, my patients would be unable to use the pharmacy at the "local" HIS (over an hour away) and they would be ineligible for contracted health services. These were offered to urban Native Americans until recent years. The Wilder Study, last conducted in our area in 2016, is the most recent data outlining demographics of the homeless population.

Despite only accounting for 1% of the state population, Native Americans account for 17% of the homeless population of the Fargo-Moorhead metro area. The vast majority of that number were staying outside (FM Coalition for Homeless Persons, 2018). Of note, the Wilder Study was conducted in the winter time.

It is difficult to adjust to the environment of the city when you've spent the majority of your life on the reservation. When we talk about structural racism affecting the homeless population of Fargo-Moorhead, we classify it as that not because we think that these systems exclude populations purposefully, but because the systems are excluding ethnic minorities by placing them at a disadvantage. For example, not being able to utilize IHS to its full extent if you're living in an urban area. Legal obligations made by the United States government during the treaty making days of the late 1800's up to the reauthorization of the Indian Health Care Improvement Act in 2010 remain unfulfilled.

The very first article in the Congressional findings of the IHCA state "Federal health services to maintain and improve the health of the Indians are consonant with and required by the Federal Government's historical and unique legal relationship with, and resulting responsibility to, the American Indian people." This is followed later with the 5th Congressional finding of, "that of the **Despite such services, the unmet health needs of the American Indian people are severe and the health status of the Indian is far below general population of the United States**".

When I reviewed the IHCA, I did not find any clause exempting the federal government from provisions of treaties based on residence. I did find notes that indicated that tribal members were eligible for programs defined in treaty agreements, regardless of residence (United States Congress, 2010).

We can draw the conclusion that Indigenous peoples are disadvantaged by the structure of the health care delivery system, to an extent that the health status of Indigenous people is absolutely substandard. This, among many other examples, is how structural racism contributes to issues such as homelessness.



What is unique to indigenous nursing?

Indigenous nurses have a strong familiarity with generational trauma, its effects, and understand the resulting health disparities that have been evolving in Native America for centuries.

Indigenous nurse can see generational trauma within the health assessments they do in any health care setting. They recognize and understand the effects of generational trauma in patients, clients, and even colleagues as we have often been direct recipients of this same trauma in our own life experiences and communities.

Indigenous nurses are also familiar with differing perspectives of health and healing, those that may not be based on the scientific method – or those ways of knowing or seeing health that exist within Western medicine or from a more logical, and scientific perspective. Indigenous nurses accompany the clients they work with - be it an individual, family, community, or population - to build cross-cultural bridges of understanding between these differing worldviews. Indigenous nursing care promotes a cross-cultural knowledge exchange and understanding of values – both similarities, and differences. Indigenous nurses are skilled at walking on the cultural bridge and navigating the bridge in order to connect opposite and differing cultural views of health and healing.



These are 10 young indigenous women who have begun to make an impact on the lives of their patients and communities to continue to heal generational trauma because they understand what it means and how it affects the health of an individual and community because they have lived it, witnessed it and/or currently experience it. As the opioid epidemic rises, Narcan training workshops are becoming more prevalent. One young lady became tearful as she shared that she paid close attention to the content because it was very likely that she would be using the Narcan she received on a close relative. These students are brave, resilient and strong. They each carry the passion, knowledge, and understanding needed to provide continued healing of our indigenous people and communities.



- 1) Indigenous nurses have a strong familiarity with generational trauma, its effects, and understand the resulting health disparities.
- 2) Indigenous nursing care promotes a cross-cultural understanding of values – Indigenous nurses are skilled at walking the cultural bridge.
- 3) We referred to three models of health care today that can be used to promote greater understanding of indigenous nursing and work with generational trauma: they were Lowe and Struthers, Keinman's explanatory model and 8 questions, the SDOH and the Social and Cultural determinates of health.
- 4) Increasing workforce diversity can respond to generational trauma - the Niganawinimaanaanig program in Bemidji Minnesota is focused on promoting the success and graduation of American Indian nursing students.

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The IOM's recommendations include: the need for more advanced education of registered nurses; nurses leading innovations in health care and being appointed to decision making bodies; all nurses practicing to the full extent of their education and training; a more diverse nursing workforce and faculty; and more interprofessional collaboration among nurses, physicians, and other members of the health care team in the educational and clinical environments.

For more information from the Center to Champion Nursing in America about this webinar, technical assistance or other questions related to the Future of Nursing: *Campaign for Action* contact wquinn@aarp.org.

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