"Doctor Can You Hear My Spirit?"

Collision or Collaboration as Two Worlds Meet in the Clinic Helen Maldonado, PA-C, CDE

Welcome



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Objectives

- To understand the need to partner with your patient to provide better health care.
- To recognize and appreciate the strength of Native patients regarding cultural history and resilience.



IHS Mission

 To raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level



Agency's Priorities

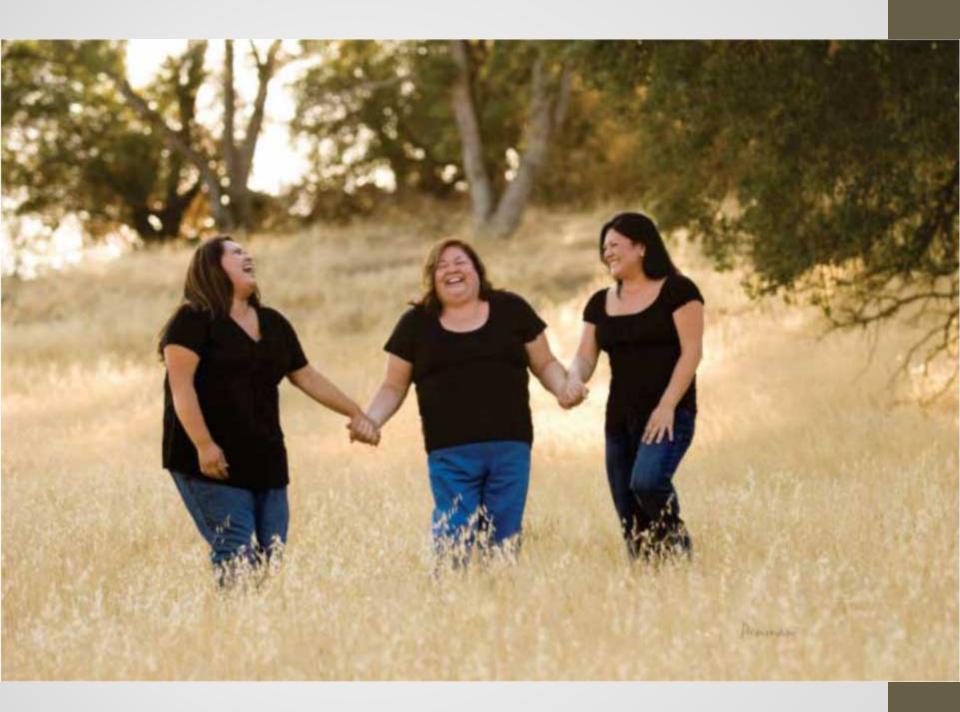
- 1. To renew and strengthen our partnership with tribes
- 2. To reform the IHS
- 3. To improve the quality of and access to care
- 4. To make all our work accountable, transparent, fair and inclusive



Introduction

- Culturally appropriate to tell you who I am
- Daughter of Shirley James and Curtis Cissna
- Granddaughter of Cecelia Santos and Arnold James
- Coastal Pomo and Coastal Miwok, enrolled member of Lytton Band of Pomo Indians
- CHR, Licensed Vocational Nurse, Physician Assistant
- Proudest achievement; my daughters









Acorns

A Native food staple

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California Native History

- 1769 Hispanic settlement began Native population estimated at 300,000 within California boundaries
- 1821 End of Spanish sovereignty approximately 200,000 remained
- 1848 Gold discovered Native population estimated at 150,000
- 1850's California became a state Native population dropped to 30,000

Hurtado, A. L. (1988). Indian Survival on the California Frontier. New Haven and London: Yale University Press.

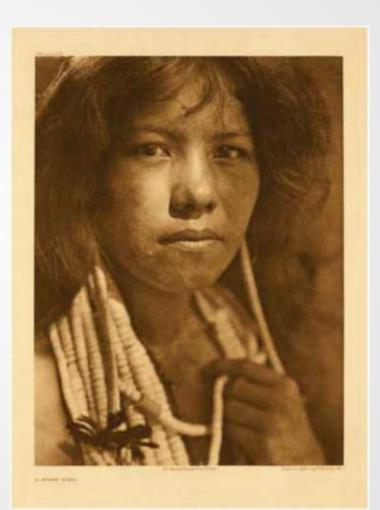
War Waged

- 1848 1860 Gold Rush Era
- 1850 California became a state
- California's first governor: Peter Burnett in his inaugural speech declared: "A war of extermination will continue to be waged between the races until the Indian race becomes extinct"
- Anthony R. Pico. "History of Sovereignty in U.S.". Viejas Band of Kumeyaay Indians. Archived from the original on 2007-09-30.

Historical Grief and Trauma

- European emigration England, Spain, Russia, Italy, Germany
- Reservation System introduced to "reduce conflicts between settlers and Indians"
- Boarding Schools

California Pomo Woman



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Legacy of Boarding Schools

"...many generations of Indigenous children were sent to residential schools. This experience resulted in collective trauma, consisting of ...the structural effects of disrupting families and communities; the loss of parenting skills as a result of institutionalisation; patterns of emotional response resulting from the absence of warmth and intimacy in childhood; the carryover of physical and sexual abuse; the loss of Indigenous knowledges, languages, and traditions; and the systemic devaluing of Indigenous identity."

Lancet 2009;374:76-85 (p. 78)

Boarding School Policy

In 1889 the U.S. commissioner of Indian Affairs declared, "We must either fight Indians, feed them, or else educate them. To fight them is cruel, to feed them is wasteful, while to educate them is humane, economic and Christian." He suggested using boarding schools to prepare Indian children to live in American society. At boarding schools, Indian children would be introduced to English, vocational skills and Christianity.

Boarding School Transformation



"Kill the Indian, Save the Man"

- Chemawa Indian School Salem, OR
- Fort Bidwell, CA
- Greenville, CA (burnt in early 1900's)
- Stewart Indian School 1890 1980 Carson, NV
- Sherman Indian School Riverside, CA
- Fort Shaw 1891 1910 Ft. Shaw, MT
- Grand Junction, CO 1886 1911
- Fort Lewis, CO 1891 1911
- Fort Mojave, AZ
- Santa Fe, NM 1890 2008
- Phoenix, AZ 1891 1935
- Albuquerque, NM 1885 1982

Boarding Schools, cont.

- Rapid City, SD 1898 1933
- Pierre, SD 1891 Today
- St. Joseph's Chamberlain, SD 1927 Today
- Flandreau School (Riggs Institute) Flandreau, SD 1892 Today
- Genoa, NE 1884 1934
- Chilocco, OK 1883 1979
- Morris, MN closed 1909, now University of Minnesota

Boarding Schools, cont.

- Tomah, WI 1893 1947
- Pipestone, MN 1910-1953
- Wittenberg, WI 1895
- Mt. Pleasant, MI 1893 1933
- Carlisle, PA
- Haskell Indian Industrial School Lawrence, KS 1884 1927 (Now Haskell Indian Nations University)

SIDEBAR 1.

Domains of Impairment in Children Exposed to Complex Trauma I. Attachment **IV.** Dissociation VI. Cognition Problems with boundaries Distinct alterations in states of Difficulties in attention regulation and consciousness executive functioning Distrust and suspiciousness Amnesia Lack of sustained curiosity Social isolation Depersonalization and derealization Problems with processing novel Interpersonal difficulties information Two or more distinct states of Difficulty attuning to other people's consciousness Problems focusing on and completing emotional states tasks Impaired memory for state-based events Difficulty with perspective taking Problems with object constancy Difficulty planning and anticipating II. Biology Problems understanding responsibility V. Behavioral control Sensorimotor developmental problems Learning difficulties Poor modulation of impulses Analgesia Problems with language development Self-destructive behavior Problems with coordination, balance, Problems with orientation in time and body tone Aggression toward others space Somatization Pathological self-soothing behaviors Increased medical problems across Sleep disturbances VII. Self-concept a wide span (eg, pelvic pain, asthma, Eating disorders skin problems, autoimmune disorders, Lack of a continuous, predictable sense Substance abuse pseudoseizures) of self **Excessive compliance** Poor sense of separateness **Oppositional behavior** Disturbances of body image **III. Affect regulation** Difficulty understanding and complying Low self-esteem Difficulty with emotional self-regulation with rules Shame and guilt Difficulty labeling and expressing Reenactment of trauma in behavior or feelings play (eg, sexual, aggressive) Problems knowing and describing internal states Difficulty communicating wishes and needs

Cook, et al. 2005. Psychiatric Annals 35(5) p. 392

Recognize the Behaviors/Beliefs We Have as the Result of Trauma

- Distrust—of the government, institutions, our own leaders, supervisors, etc., even to our own detriment--"they" are out to get us
- Sense of never having "enough"
- Spend/eat/use what you have now as it may be taken from you
- We will not live to be old, so it doesn't matter what we do now
- Indians who get an education are "apples"

Ann Bullock, MD Childhood Obesity and DM Prevention – Case for Early Life Intervention, 2009

More Behaviors/Beliefs

- Our culture, language and way of life are inferior—and learning them is somehow wrong
- "Everyone" does alcohol and drugs—and they make the pain go away for awhile
- "Love" is not to be trusted and is often linked with emotional/physical/sexual abuse
- I have no control over my world
- I am not worthwhile

Ann Bullock, MD Childhood Obesity and DM Prevention – Case for Early Life Intervention, 2009

Overcoming Perceptions

 Cultural racism has led to pervasive negative racial stereotypes of racial groups regarded as inferior.

Williams, DR (2004). Racism and Health. In K.E. Whitfield (Ed.), *Closing the Gap: Improving the Health of Minority Elders in the New Millenium* (pp 69-80). Washington, D.C: Gerontological Society of America

Unconscious Change for Improvement

 Some evidence suggests that unconscious discrimination based on these negative stereotypes of minorities is a likely determinant of this pervasive bias in the delivery of care

Green, A.R., et al. (2007) Implicit bias among physicians and its prediction of thrombolysis decisions for black and white patients. *Journal of General Internal Medicine*, 22(9), 1231-1238

Van Ryn, M. (2002). Research on the provider contribution to race/ethnicity disparities in medical care. *Medical Care*, 40(1), 1140-1151

Subtle vs. Blatant Racial Encounters

- Studies found blacks experienced greater impairment when faced with ambiguous evidence of prejudice than when exposed to blatant prejudice
- Whites had the opposite experience

Discrimination and racial disparities in health: evidence and needed research

Williams DR, Mohammed SA. J Behav Med 32:20-47, 2009

"I Can See It In Their Eyes"

- Perceived discrimination aspect that may adversely affect health
- Perceived discrimination is only one component of racism
- Varying degrees of perception is based on that person's life experience and exposure to the stories of others that have experienced discrimination and/or racism

Discrimination and racial disparities in health: evidence and needed research Williams DR, Mohammed SA. J Behav Med 32:20-47, 2009

Vigilance and Anticipatory Stress

 Vigilance regarding the threat of discrimination and the anticipation of future occurrences of discrimination could be as predictive of the adverse health impact as the actual effects of past discriminatory experiences.

Discrimination and racial disparities in health: evidence and needed research Williams DR, Mohammed SA. J Behav Med 32:20-47, 2009

Native Children's Christmas Benefit





Modern Version of Hippocratic Oath

- "I swear to fulfill, to the best of my ability and judgment, this covenant:
- I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.
- I will apply, for the benefit of the sick, all measures that are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

Hippocratic Oath (cont.)

- I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.
- I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.
- I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family...

Institutional Racism

 Residential segregation can shape Socioeconomic Status (SES) and health by restricting access to education and employment opportunities and creating health-damaging conditions in residential environments

Discrimination and racial disparities in health: evidence and needed research Williams DR, Mohammed SA. J Behav Med 32:20-47, 2009

Reservations and Inner City

 Two pronounced patterns of residential segregation in the U.S. have been the geographic isolation of American Indians on reservations and the residential concentration of African Americans in poor urban areas

(Acevedo-Garcia et al. 2008) through Discrimination and racial disparities in health: evidence and needed research Williams DR, Mohammed SA. J Behav Med 32:20-47, 2009

Residential Segregation: Elevated Risk of Illness and Death

- More difficult to adhere to good health practices. The higher cost, poorer quality, and lower availability of healthy foods (food deserts) can lead to poor nutrition.
 - Targeted for tobacco and alcohol marketing.
 - Lack of recreation facilities and concerns about personal safety discourage leisure time physical exercise

Discrimination and racial disparities in health: evidence and needed research

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Concentration of Poverty

2. Concentration of poverty can lead to exposure to elevated levels of economic hardship and other chronic and acute stressors at the individual, household and neighborhood level

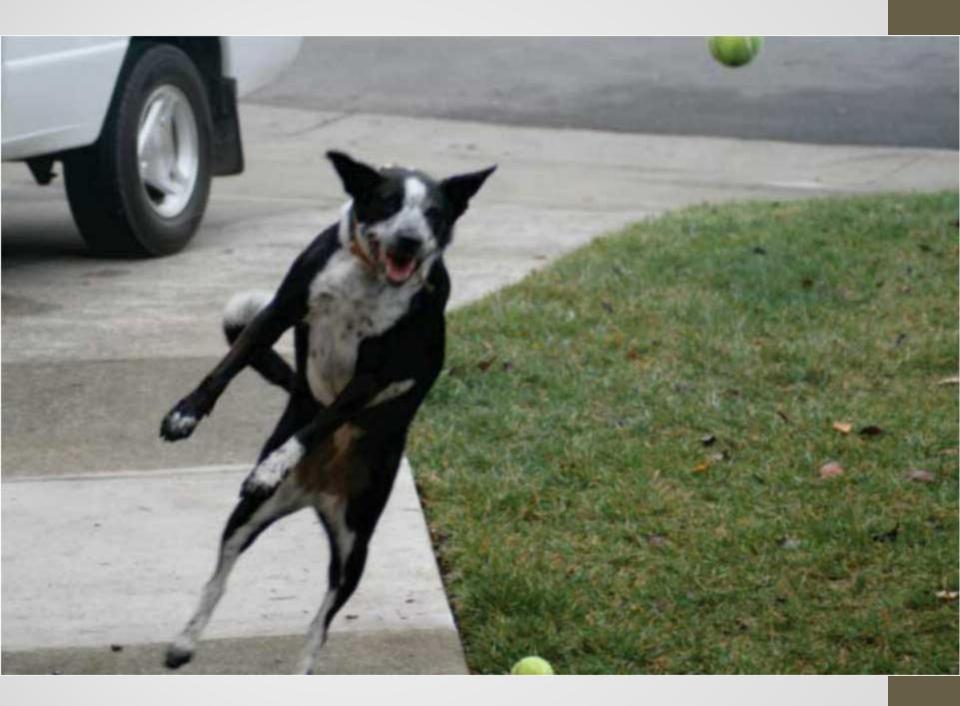
Trust in Neighborhoods

3. Weakened community and neighborhood infrastructure in segregated areas can also adversely affect interpersonal relationships and trust among neighbors.

Environmental Safety

4. The institutional neglect and disinvestment in poor, segregated communities contributes to increased exposure to environmental toxins, poor quality housing and criminal victimization.

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Establish a Trusting Relationship

Story of a tribal elder woman with panic attacks



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Cultural/Group Support

- Pima Pride/Action
 - DPP pilot study
 - People randomized to "Action" group
 - Structured diet/exercise meetings
 - People randomized to "Pride" control group
 - Unstructured activities emphasizing Pima culture and history

"Pima Pride" group showed more positive outcomes on every biological parameter measured

Narayan et al, Diabet Med 1998;15:66-72

Alternative Approaches



How Do Providers Help?

- Use tools available
- Learn techniques well
- Work as a team member with staff, patients and families

Provider Tools

- Health Literacy
- Self-Management Support
- Cultural Humility and Competence
- Motivational Interviewing
- IHS Initiative: Improving Patient Care (IPC)

Connect to Self

- Open heart, open mind
- Humility
- Value the richness of Native culture



Cultural Resilience

Ceremonies continue Families are strong and pull together in times of hardship Traditional ways are honored Elders are respected always Language is spoken and taught Traditional healing remains as a compliment to Western medicine Traditional herbal medicine used Story telling continues to bring forth the stories from ancestors Songs are sung in the ceremonial house for community healing and blessings Traditional foods are gathered, hunted and shared

Partnerships

- Create a safe place for your patients
- Create a medical practice that is your patients' first choice for care, not one that is the last resort

Our Message of Hope



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Thank You

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- The Time Has Come for Physicians to Take Notice: The Impact of Psychosocial Stressors on the Heart
 Figueredo VM. August 2009. The Amer Journal of Med 122(8):704-11
- Under-Identified and Under-Treated Depression Among Racially/Ethnically Diverse Patients with Type 2 Diabetes
 Sorkin DH, et al. January 2011. Diabetes Care, : (DH, 2011, pp. 1-3)