

“Doctor Can You Hear My Spirit?”

Collision or Collaboration as Two Worlds Meet in the Clinic

Helen Maldonado, PA-C, CDE

Welcome



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





Rebecca





Acorns

A Native food staple

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



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)

Domains of Impairment in Children Exposed to Complex Trauma

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

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

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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.

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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

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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

1. 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

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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





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



Thank You

Helen.Maldonado@ihs.gov

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Figueredo VM. August 2009. *The Amer Journal of Med* 122(8):704-11
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