How historical trauma informs a community-based collaboration to prevent alcohol-exposed pregnancies in an urban American Indian/Alaskan Native (AI/AN) community: Practice-based evidence for developing culturally-driven processes

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BACKGROUND
Historically and today, public health planning and actions in AI/AN communities are often implemented without regard to the effect of historical trauma in these communities.

Historical and intergenerational trauma are emotional and psychological injuries that accumulate over time and across generations as a result of cultural genocides inflicted on AI/AN peoples. Historical trauma hinders effective partnerships between AI/AN communities and public health agencies, as well as decreases utilization of public health services and health inequities among AI/AN peoples.

OUR STORY: THE FUTURE GENERATIONS COLLABORATIVE (FGC)
In 2011 the Multnomah County Health Department convened AI/AN community members, community-based organizations and public health agencies to form a collaborative to promote healthy pregnancies in AI/AN women in Multnomah County, Oregon. To successfully build the FGC, we adopted a trauma-informed community-based participatory process that acknowledges the role of government in contributing to the health and social inequities experienced by AI/AN peoples. Our adopted values and actions taken to build trust and heal relationships are summarized in the figure below.

VALUES OF A TRAUMA-INFORMED PROCESS
- Listening is as important as talking
- Adopt and utilize a relational worldview over a linear one
- Embed public health practice into traditional AI/AN knowledge and cultural practices
- Minimize jargon: Policy = traditional values and practices; Focus groups = community forums; Validation of data = meaning making

CULTURE HEALS IN A TRAUMA-INFORMED PROCESS

PRACTICE-BASED EVIDENCE
A mid-year evaluation asked FGC members to rate satisfaction with collaborative process. Data shown below indicate AI/AN members are highly satisfied with process. Additional evidence includes sustained participation of AI/AN-serving organizations and AI/AN community members for >1 year and increased funding (from $0 to $45K in Y1).

VALUES OF A TRAUMA-INFORMED PROCESS
- Linear worldview
- Bureaucratic barriers
- Programs dictated by grants, not community needs
- FGC Members

COMMUNITY BUILDING IN A TRAUMA-INFORMED PROCESS
- Let the community define their problems and solutions
- Share power and decision making
- Use a strengths-based approach that builds on community assets

FACTORS THAT INFLUENCE LACK OF PARTNERSHIPS
- AI/AN health not prioritized
- Forced relocation
- Historical trauma
- Lack culturally-relevant services for AI/AN
- Poverty
- Persistent health inequities
- Underrepresentation of AI/AN people in public health agency
- Undercounting/ misclassification of race

FACTORS THAT INFLUENCE LACK OF TRUST
- Boarding schools
- Forced sterilization
- Historical genocide
- Missed research of AI/AN populations
- No precedence for effective working relationship

NURTURING RELATIONSHIPS IN A TRAUMA-INFORMED PROCESS
- Take time to build relationships before embarking on planning
- Have difficult conversations and honest dialogue

LESSONS LEARNED
- Public health agencies need to acknowledge historical and intergenerational trauma in order to build effective partnerships.
- Repairing relationships is an iterative process and should be prioritized: take more time than you think you need to rebuild trust.
- Public health agencies need to be flexible and adaptive when working with community groups.

FGC members include:
Toni Matt and Rose Hill of the Native American Rehabilitation Association; Tawna Sanchez, Donita Sue Fry, and Matthew Morton of the Native American Youth Family Center; Roberta Eagle Horse of Planned Parenthood of Columbia Willamette; Sarah Tran, Charmaine Kinney, Ashley Borin, Nancy Martin, and James A. Gaudino of Multnomah County; Lesa Dixon-Gray of Oregon Health Authority; Dean Azule of the Native American Student Services at Portland State University; Harmony Paul; Hana Bernadette-Williams; Lori Warren-King; and Suzie Kuerschner.