



# Social Determinants of Health & Historical Trauma: The Impact on American Indian & Alaska Native Populations

SUMMARY FROM WEBINAR: APRIL 26, 2022

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Social Determinants of Health (SDOH) are the conditions in the environment where people live, learn, work, worship, and play that affect a wide range of health and quality of life outcomes and risks. They account for 30-55% of health comes and have an important influence on health inequities, the unfair and unavoidable differences in health status among a population (Healthy People 2030 and the World Health Organization).

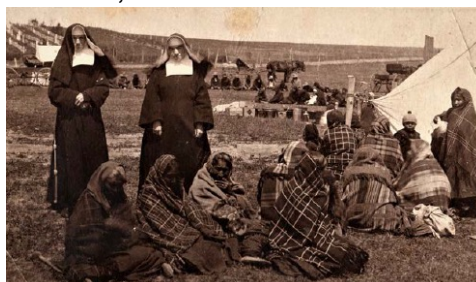
American Indian and Alaska Native (AI/AN) people have been the subject of centuries of systemic racism and discriminatory policies and practices. These include colonization, dispossession from homelands through forced removal and relocation, forced sterilization practices forced attendance at residential boarding schools and harmful policies aimed at assimilation, acculturation, and termination of sovereign rights and citizenship. The National Association of Chronic Disease Directors (NACDD) and the International Association for Indigenous Aging (IA<sup>2</sup>), in partnership with the Centers for Disease Control and Prevention (CDC) hosted a webinar to learn about how history has impacted indigenous health, chronic disease, and cancer risk. The following is a summary of the webinar.

## What is historical trauma?

Historical trauma is cumulative and collective, emotional and psychological injury occurring over the life span and across generations, resulting from devastating group experiences. (Yellow Horse Brave Heart, 1999) It leads to historical unresolved grief, or the pain from events that ancestors experienced, and includes an incomplete mourning of the losses as a result of grief that has not been expressed, acknowledged, and resolved. (Yellow Horse Brave Heart, 1998) Slavery and the Holocaust are two events that have led to historical trauma in non-Native populations.

## What historical experiences and events are unique to AI/AN People?

AI/AN people have a history littered with events that cause major emotional and psychological injury. Examples include the intentional introduction of new diseases, such as through “smallpox blankets”, colonization, forced removal from home lands, and the existence of reservations and Indian boarding schools.



Dr. Ursula Running Bear

Dr. Running Bear is Sicangu Lakota (Rosebud Sioux Tribe). She is an Assistant Professor in Population Health at the University of North Dakota where she teaches in the MPH program. She holds a PhD in Clinical Science from the University of Colorado Anschutz Medical Campus and a master's degree in Sociology from the University of Arizona. Her work focuses on one type of historical trauma, the health effects of attending American Indian boarding school. Over the past six years she has published papers on the relationship of boarding school attendance and physical health and is currently funded by the National Institute of General Medical Sciences with a small grant to study chronic stress and boarding school attendance.



## What was the boarding school experience like for American Indian children?

- Boarding schools were established in the 1600s with the sole purpose to assimilate all aspects of AI lives, including language, culture, spirituality, and dress. In fact, children were punished for speaking their own language or practicing their culture. It is estimated that at one point in history, between 80% - 83% of AI children were in boarding schools, oftentimes without choice or an option to visit home.
- Living conditions in the boarding schools were often horrendous, with overcrowding in unsafe structures that lacked proper sanitation, heating, and ventilation.
- Children were fed diets that were high in sugar, starch, and fat and lacking fruit, vegetables, and meat. They did not have access to trained healthcare and other professionals.
- Children were physically, sexually, emotionally, and psychologically abused throughout their years at the boarding schools.

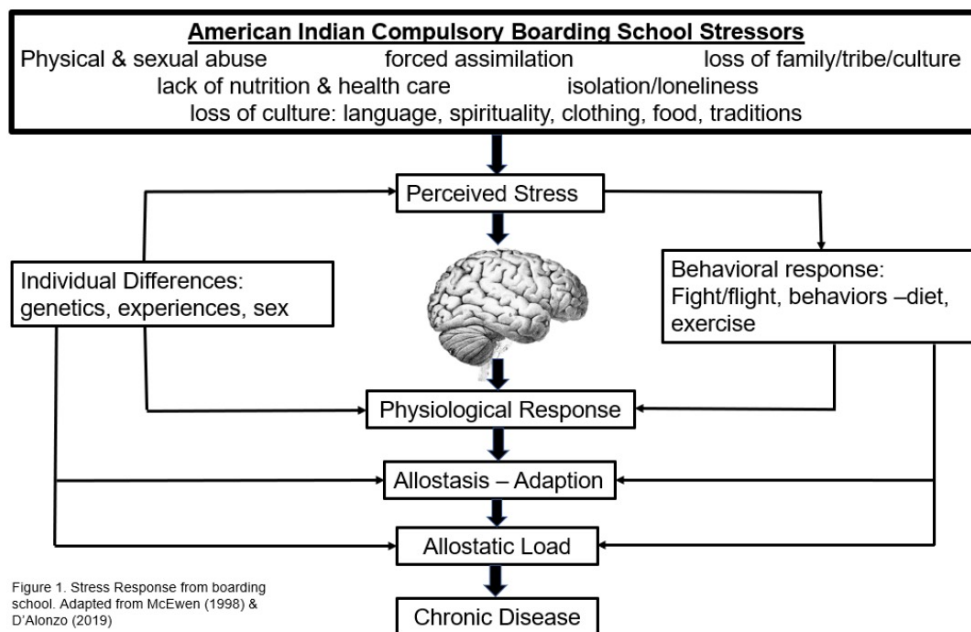


Figure 1. Stress Response from boarding school. Adapted from McEwen (1998) & D'Alonzo (2019)

## What impact did boarding schools have on health?

Dr. Running Bear's research on the boarding schools in the northern plains found that those that boarding school attendees were more than twice as likely to have had tuberculosis in the past year, more likely to have (60%), diabetes (81%), high cholesterol (95%), anemia (61%), and gall bladder disease (60%) than boarding school attendees. Most concerning of all, she found that American Indian people who attended boarding school exhibited **more than three times greater odds of having cancer in the last year** than those who did not.

## Facts about Culture Specific Determinants of Health

### Spirituality and Religious Practices

AI/AN people can use spirituality to address healthcare needs. It has also been linked to better mental health outcomes.

### Traditional Healing

The use of traditional healing practices can occur alone or in combination with biomedical services.

### Multi-Race

While both single race and multi-race American Indian people show increased health disparities, multi-race people consistently have poorer health outcomes.





## How have boarding schools impacted families, communities, and society as a whole?

**Family:** In addition to the physical health impacts, parents may be in need of behavioral health services to cope with things such as post traumatic stress, depression, suicidal ideation, sense of isolation, lack of parental bonding, and lack of culture and spirituality.

**Community:** In addition to the loss of culture and tradition, tribal communities, which often lack many resources, are seeing higher rates of illness and lower life expectancies.

**Society:** As a whole, society lacks an awareness and understanding of how historical trauma impacts AI/AN people. Unfulfilled and broken treaties have left tribes without healthcare, specialists, facilities, and equipment they desperately need to combat health disparities.

## What are tribal communities doing to address historical trauma and the related negative health outcomes?

Tribes hold the key to their own healing. They know the best practices, methods, and cultural strengths to draw upon. Tribes have used [equine mental health therapy](#), [agriculture and raising crops to restore health of their community through food](#), [traditional healing](#), [culturally grounded life skills for youth](#), and cancer [patient navigators](#), among many other programs to support healing.

## Political Determinants of Health

Political determinants of health are the root of the SDOH. Upstream political decisions, such as redlining, are made to benefit certain people and/or harm others.

--Dr Adriann Begay

## What's can you do?

- Educate yourself on historical experiences and traumas experienced by American Indian and Alaska Native peoples.
- Raise awareness and help others understand the connection between historical trauma and health disparities.
- Recognize the importance of culture to improving AI/AN population health outcomes.
- Fund programs that draw upon the cultural strengths of tribes.

## Spotlight: HEAL Initiative



**Adriann Begay MD**  
Navajo Nation Senior Advisor  
UCSF HEAL Initiative

The HEAL Initiative is a global health fellowship program through the University of California, San Francisco. Its mission is to train and transform frontline health professionals by building a community dedicated to serving the underserved. As part of this initiative, fellows have an opportunity to work within an Indian Health Service or tribal facility on Navajo Nation. The goal of the fellowship is to fill patient care needs and strengthen health systems under the leadership and support of local providers. There are currently 149 fellows working with 19 partners in 9 countries and the Navajo Nation.

## References

Please refer to Dr. Running Bear's presentation at <https://chronicdisease.org/page/cancerprograms/cancer-prevention-across-the-lifespan/> for a list of citations.

*The Cancer Prevention Across the Lifespan: Putting Scientific Evidence for Primary Cancer Prevention into Public Health Practice project is supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$300,000 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.*