HISTORICAL WISDOM CURRICULUM AND PODCAST

A CURRICULUM FOR UNDERSTANDING HISTORICAL TRAUMA AND NATIVE AMERICAN PATIENT KNOWLEDGE IN RIVERSIDE AND SAN BERNARDINO COUNTIES CALIFORNIA

A CHIHUUM PIIUYWMK INACH
GATHERING OF GOOD MINDS PROJECT

A Collaboration with Riverside/San Bernardino Indian Health Inc. and University of California, Riverside
Funded by the Patient Centered Outcomes Research Institute
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Historical Wisdom Podcast
Table of Contents

INTRODUCTION: MODULES FOR THE HISTORICAL WISDOM PODCAST CURRICULUM

The Historical Wisdom Podcast and Curriculum was developed as a collaborative project between Riverside/San Bernardino County Indian Health, Inc. (RSBCIHI), the University of California, Riverside, and Native Americans living, working, and caring for the land, water, and air in Inland southern California. Together we designed and organized the project. The Historical Wisdom modules are based on conversations with RSBCIHI patients and providers. The modules include current research on Native American history, the impact of settler colonialism, federal, and local policy on Native American health, and historical trauma as a consequence of the inequity, physical and cultural genocidal policies. We also discuss current research on historical trauma and respond to questions that health care providers have about some of the health effects of historical trauma that they encounter in the clinic. Our hope is that listening to these podcasts community members, patients, and health care providers will increase their understanding of Native American medical experiences in Inland southern California. The learning that occurs would provide information and knowledge that would allow our communities and health care providers to better care for each other and themselves.

This document serves as an outline for the curriculum modules which are delivered as podcasts. Health care providers in the RSBCIHI system travel to different clinics over the course of the week. Our team wanted to take advantage of that traveling time to share knowledge and begin a conversation for health care providers and their patients. Modules will be available on Apple iTunes, Spotify, and our website - https://www.gogm.live/podcast. Modules will be released in the order listed, but can be listened to in any order.

Module One: Our Voices: What you should know
Module Two: The Consortium - Riverside/San Bernardino Counties Indian Health Inc. (RSBCIHI)
Module Three: Insights into Historical Trauma
Module Four: Treaties and the History of Health Care
Module Five: Boarding Schools
Module Six: The Temecula Treaty
Module Seven: High Rates
Module Eight: So What did you think?
Module Nine:

OVERALL CURRICULUM LEARNING OBJECTIVES

1) Acquire a deeper understanding of Native Americans living in the RSBCIHI service area.
2) Define historical trauma and its effects on Native American health outcomes.

3) Link specific policies and events to Native American patient interactions.
4) Explain why Health Care Providers see a greater burden of disease carried by Native American populations.
5) Explain why Adverse Child Experiences Scale (ACES) and epigenetics are used when talking about historical trauma.
6) Create new ways of asking questions about Native American knowledge and wellness practices.

ACTIVITIES

We have included an activity with each module. These activities will appear on our website and serve as a reinforcement for individual listeners. They also serve as the next step for potential in-person or on-line implementation of the curriculum.

COMMUNITY FEEDBACK TO PODCASTS ONE AND THREE

Podcasts one and three were used during our community feedback workshops. We conducted five feedback workshops with our patient community. The workshops had anywhere from one to eight people in attendance with an average of four individuals across the workshops. Overall the podcasts were well received.

After listening to a podcast module, participants' verbal responses consisted of a sharing of their own experiences and thoughts that the podcast brought up. This type of response is most clearly seen in Module Ten, "So What Did You Think?" These participants' conversation about podcast One "Our Voices" was so informative we decided to have it as a module. Participants identified their own struggles were similar to what they heard, identified issues that we were missing, and highlighted parts of the conversation where they thought healthcare providers should really take note.

The evaluation forms supported what we heard from participants (n=15). Note that not everyone who listened to the podcast completed an evaluation form. Generally, the podcasts were received well, with an 88% overall satisfaction rate. Everyone who participated in workshops said that they would listen to more episodes. Only two participants, from the same location, stated that they would not recommend the podcast to others. They thought that there was a lack of clarity on "...the full knowledge of what historical trauma was" as well as the need for "it to be a little more adjusted so the language could be clearer and better understood". It should be noted that participants had only listened to one of the eleven modules. We hope that in context of the whole project, their concerns were met. Overall the participants are interested in learning more about all aspects of historical trauma. Specifically, they wanted to know how historical trauma affects health, how to overcome this trauma, and effective programs.

A few people did not think that the podcast was an accurate representation of the community. It should be noted that one of the evaluation questions specifically used the words "accurate representation." Responses to this question ranged from comments stating that the podcast was

too focused on California tribes. On the other hand, a few people mentioned that it was not specific to their own tribe. These participants wanted the modules to be focused more on their tribe and stories. In the same vein, some participants noted that "accurate is a strong word to use when referencing Native tribes as the community is vast." This was a key point of Module One, that not all people, communities, tribes are the same. To partly address this concern, we will create two to three Modules, "Our Stories," that highlight the particular Native American Health concerns and histories from a broader group of community members.

Finally, we received numerous positive comments that reflect the trust building that we have been working toward. Responses included surprise that people shared such difficult stories with us, "thank you so much for doing this work", "I am grateful that this being talked about and shared with the community", "amazing job, please keep moving forward and working with us". Overall participants were pleased that we were bringing the conversations from the working groups back to the community.

If you would like more information about the project or our curriculum please contact Juliet McMullin, PhD at julietm@ucr.edu or 951-827-9250.

With respect and gratitude, The Chihuum Piiuywmk Inach/Gathering of Good Minds Team,

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MODULE ONE
OUR VOICES - WHAT YOU SHOULD KNOW

This module focuses on the importance of recognizing how United States policy, structural racism, and many historical events continue to affect Native American health. While these larger processes are shared, we are also reminded that trauma affects individuals differently. We cannot assume just because someone is Native American we can treat everyone in the same way. The module will serve as a beginning to show the strengths of Native communities in maintaining health and wellness to the impact of loss of relationships (language, family, land) on their wellbeing. The conversation will examine community members struggles with triggers from not having regular physicians at their clinics and structural racism, to the smell of a space or a person. The module highlights what people think their health care provider should know. Most importantly, speakers remind us that despite all of the structural inequities and traumas that Native Americans experience they continue to move forward, it's not easy, but they are resilient.

LEARNING OBJECTIVES:

- Appreciate what patients want providers to know about their Native Americans and their interactions with patients
- Understand the personal effects of intergenerational trauma on how people learn how to live in the world
- Recall examples of how Native American Communities are different
- Recall examples of Native American Resilience

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

- Reflect on a typical day at the clinic. Thinking about at least two patient encounters, develop two lists of practices (i.e. greeting of patients, required paperwork, questions asked). The first list should include practices that support knowledge that increases trust between provider and patient. The second list should include practices that hinder trust building.

MODULE 2
UNDERSTANDING THE CONSORTIUM - RIVERSIDE/SAN BERNARDINO COUNTIES INDIAN HEALTH INC.

Module two features a conversation with RSBCIHI Chief Operating Officer, Bill Thomsen. Mr. Thomsen shares some of the history of how the consortium of the nine tribes was started. Thinking through the history of treaty obligations that were intended to stop the killing of Native Americans, the U.S. government promised to provide health care for the tribes and thus Indian Health Services (IHS) came into existence. Despite this obligation, IHS is persistently underfunded. Nevertheless, RSBCIHI strives to deliver care that attends to both the physical and cultural needs of the Native population. RSBCIHI has a strong relationship with the tribes in the consortium and collaboratively they work together to meet the health needs of the community.

LEARNING OBJECTIVES:

- Understand why Indian Health Services and RSBCIHI as a consortium exist
- Describe the expectations of RSBCIHI for their health care providers and their patients
- Consider how the current delivery of healthcare, as Bill Thomsen described it, is an attempt to address some of the concerns that people raised around historical trauma in the first module
- Describe the relationship that RSBCIHI has with the nine consortium tribes

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

- This activity is designed to compare and integrate modules one and two.
  Take a map that displays where all RSBCIHI clinics are located. Overlay the map with a map of tribal lands in Riverside and San Bernardino Counties https://www3.epa.gov/region9/air/maps/images/AIR1100040_3g.gif In what ways does the distance between the clinics, differences between rural and semi-urban areas, and differences between the tribes provide additional insight into the knowledge shared in module one?

MODULE THREE
INSIGHTS INTO HISTORICAL TRAUMA

This module defines historical trauma and its effects on health outcomes. The conversation defines historical trauma and, based on the work of Eduardo Duran, the interrelated historical periods that create historical trauma. Dr. Laurette McGuire discusses the relationship between diabetes and historical trauma. Julie Andrews from the Native American Resource Center discusses provider patient interactions where providers may feel that the patient is not listening to their advice. Rather, Andrews explains, because of historical trauma patients may not trust the institution or provider.

LEARNING OBJECTIVES:

- Define intergenerational trauma, historical trauma, and soul wounds
- Recall policies and events that lead to conditions where intergenerational trauma can occur (the six historical periods).
- Discuss why these policies are problematic for physical and psychological health
- Differentiate between historical trauma and other kinds of trauma

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

- Recall a clinic visit where you felt like you were not being heard or that your recommendations were not being followed. Reconsider the interaction based on some of the periods and policies discussed in this episode. How might that interaction have been related to trust? or not feeling safe?

MODULE FOUR
HISTORY OF FEDERAL POLICY AND NATIVE AMERICAN HEALTH

This module focuses on how loss contributes to ongoing health disparities for Native Americans. This conversation examines U.S. Indian Health Policy has contributed to poor health outcomes for Native Americans through the separation of families through termination policies, the removal of Indian children from their homes and communities by Child Protective Services, to the loss of traditional foods systems, and implementation of commodity food programs. Much of this history informs trust relationships with health care providers and institutions that are supposed to provide care. Dr. Trafzer describes these events as well as the supportive ways in which the healthcare system and tribes work collaboratively to improve their well-being.

LEARNING OBJECTIVES:

- Describe U.S. Indian Policies that have contributed to health disparities in Native American Communities.
- Recognize the way a variety of U.S. Indian policies have led to Native Americans being forced to relocate and confined to specific geographical locations
- Connect relocation and confinement to health outcomes
- Assess the implication of how such a history leads to a lack of trust for patients.

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

We learned this activity from Teshia Solomon, PhD, faculty member at the University of Arizona. This activity is done best in a group of at least six individuals with one facilitator. The purpose of the activity is to evoke the feeling of loss. To have the people and things you most care for taken away. The facilitator should be able to incorporate the policies and sentiments around historical trauma from this module as well as any previous modules.

Step One

Participants:
1) Take a piece of paper and fold it into four sections
2) Tear the paper into those four sections

Step Two

Facilitator: Provide the following directions.
On each piece of paper write a name of someone, something, or activities you truly care about and love. A different name or thing should be written on each piece of paper.

Facilitator: Ask participants to order the papers based on what they care about the most. Then ask them to pull out the least among the people or activities. Have the participants talk about the name on the paper. Then take it away from them. The facilitator as the representative for the government/settler/missionary are taking that thing/person away.

Do the same thing for the next least important person, thing, or activity.

At this point the facilitator should have a conversation with the participants about what having these people and ways of living taken away from them.

The Facilitator proceeds to that the second most important person/way of life from the participants. Followed by discussion.

Finally, with a long pause. The facilitator takes the last person/way of life from the participants. Discussions can involve considering emotions, how does one move forward? cope with the loss? If any participant refuses to give all of their pieces of paper, what are we to make of that? What would the government do with that action?

Tie the loss specifically to Dr. Trafzer's statement that Native American patients are coping with this history, and it's a lot to manage. With this small experience, how might providers create more choices for patients when addressing chronic illness?

MODULE FIVE
BOARDING SCHOOLS

This module focuses on the history of boarding schools as a federal policy for eliminating Native knowledge and practices in favor of colonial institutions and life. Central to this policy of cultural genocide was the phrase "kill the Indian in him and save the man." Boarding school separated children from their families and tribes/community, culture, language, and land. They were exposed to mental, physical, and sexual abuse, disease, loss of religious beliefs, and knowledge of how to be cared for as a child and thus as a parent. The conversation in this module examines both the hardships of Boarding Schools and the intergenerational trauma, while also recognizing that sometimes the Boarding school experience led to forms of success for some and trauma for others. While a difficult conversation, this module provides an understanding of the institutionalization of family separation and its consequences for health and wellbeing.

LEARNING OBJECTIVES:

- Describe the primary goals for the creation of boarding schools
- Describe the ways in which children were separated from their families, with a particular focus on the role of the federal government in that separation.
- Connect the effects of boarding schools with historical trauma
- Infer the consequences of boarding schools on health statistics

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

Writing or verbal exercise. Consider how Sherman Indian High School - originally opened in 1892 in Perris and moved to Riverside in 1903 - and St. Boniface Indian Industrial School - originally opened in 1890 in Banning and closed in the early 2000s - potentially affect the lives of Native Americans in Riverside and San Bernardino Counties. How might it affect the way that your patients interact with you? Make a list of images or protocols in everyday clinic activities might be reminiscent of Boarding Schools? Make a second list of images or protocols show that Native American knowledge is valued and support reclaiming or making a safe space for patients to share their concerns with you? What practices could you do more of that are not reminiscent of Boarding Schools, but rather support creating safe spaces for you and your patients?

MODULE SIX
THE TEMECULA TREATY

This module focuses on one the most important treaties in California history, The Treaty of Temecula. The Treaty of Temecula is one of 18 unratified treaties between the United States and California tribes. In our conversation with Sean Milanovich we learn that due to the Treaty of Temecula, Tribes were left vulnerable to abuse and subjugation at the hands of settlers and the policies of state lawmakers. Displacement of the tribes made it almost impossible to gather traditional foods and medicines, which took a toll on the health of Tribes. The Treaty of Temecula led to an ethnic cleansing in which the Indian population plunged from approximately 150,000 in 1846 to around 30,000 in 1870. As discussed in module seven "High Rates" the effects of this Treaty can be seen in the population distribution and long term well-being.

LEARNING OBJECTIVES:

- Understand how local policies have affected the health of California Tribes
- Understand the importance of song and its ties to health
- Identify links between treaties, songs, and practices related to land, and health

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

Do your part to research a few other unratified treaties made with California Tribes. Drawing on your knowledge from this and previous modules, discuss your thoughts regarding the failure to ratify these treaties. Describe how you think not ratifying the treaties affect clinical interactions. Does it affect issues of trust or safety? Compare what you know about what some of your patients' value with their expectations of healthcare. How might you collaborate with your patient or provider to create an environment that can change the long-term effects of the U.S. failure to ratify the treaties.

MODULE SEVEN
THOUGHTS ABOUT COVID-19

When we planned the curriculum, we did not plan for a global pandemic. This episode shares conversations with community members on how they are experiencing sheltering-in-place and health care during the coronavirus pandemic.

MODULE EIGHT
HIGH RATES

This module focuses on providers "shock" when they begin working for Indian health. Healthcare providers often report experiencing a large number of patients with high rates of diabetes, high blood pressure, substance use, depressions and more. Our conversation with epidemiologist Delight Satter, MPH, describes how genocidal policies create a missing cohort of people, that in turn create pro-birth policies. Additionally, Satter discusses the effects of "weathering" the premature aging effects on populations who experience systematic racism and trauma. These unusual distributions in age lead to healthcare needs that the infrastructure was not designed to support. Along with the legacies of policies that were intended to physically and culturally eliminate Native Americans, the consequences of termination policies on the health care infrastructure in inland southern California, and turnover of physicians in the health system among other structural practices have led to a lack of continuity in care and a constant struggle to address high rates of diseases. Notably, Satter also discusses how the tribes in California have consistently taken the lead in addressing their healthcare needs.

LEARNING OBJECTIVES:

- Discuss how high disease rates for Native Americans is part of genocidal and ethnocidal policies that lead to unusual population distributions
- Define weathering and what it means for the health needs of Native Americans
- Describe why California Indian Health can be more responsive to the needs of its populations.

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

According to the 2010 census a higher proportion of the Native American populations is under the age of 18 compared to the total population (32% compared to 24%). In addition to considering the structural reasons for the difference in age distribution, as discussed in the podcast, consider how these missing cohorts create the intergenerational part of historical trauma. Between the missing cohorts and the effects of weathering, discuss with your peers potential responses to the high rates of disease you encounter in the clinic. Then consider the resources and activities that RSBCIHI creates to support various cohorts. What might you and your peers do to create better access to these resources?

MODULE NINE
"SO WHAT DID YOU THINK?"

As noted in the introduction this module is a recording of participants evaluating module one. Participants identified their own struggles that were similar to what they heard, identified issues that we were missing, and highlighted parts of the conversation where they thought healthcare providers should really take note.

Planned Bonus Episodes:

ACES AND EPIGENETIC RESEARCH

This module focuses on recent research on the Adverse Child Experiences Scale (ACES) and epigenetic research as they are used in defining and understanding historical trauma. Both community members and providers asked why we could not focus on the present and healing the suffering experienced in the present. This conversation links ACES and epigenetic research to current health outcomes as a way for providers and patients to assess where they are in terms of their traumatic experiences, to avoid diagnosing historical trauma as a disease that someone "has", and to build understanding and empathy for Native Americans' health experiences.

LEARNING OBJECTIVES:

- Define the basic premises of ACES and epigenetic research
- Connect traumatic experiences to current health outcomes
- Develop skills for how to discuss ACES and epigenetic research with patients
- Find resources for referring patients for additional support

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

Listeners can reflect on earlier podcasts to list possible stressors that impact Native Americans' health. Based on these reflections create a trauma-informed provider script that responds to patient's ACE exposure. This could be written as script for a clinical encounter or other creative dialog that encourages collaboration in responding to patient and provider needs.

WE ARE STILL HERE

This module focuses on Indigenous epistemologies for maintaining health and community. These relational systems of knowledge and practice include a focus on family, land, language, and spirituality. Project participants emphasized that it is critical for providers to know that they are strong, spiritual people with pride in their families, communities, and knowledge. The conversations in this module highlight knowledge in Native American arts, bird songs, healing arts, nourishing the land through gardens, and protocols for mourning and wakes.

LEARNING OBJECTIVES:

- Recognize the primacy of spirituality for their patients and the diversity of its manifestations.
- Understand the ties between family, land, language, and health outcomes.
- Identify links between historical trauma, soul wounds, and practices related to family, land, and health.

ACTIVITY:

At the conclusion of the podcast module listeners can engage in the following activity to reinforce some of what they heard. We encourage the listener to write or record their responses. Once the listener has written out their responses, they can send them to us as either a written or audio post to our website https://www.gogm.live/podcast

Create a set of questions that demonstrate respect and curiosity about patient concerns and experiences with the health system and their individual care. How might you ask people you encounter at the clinic about other aspects of their lives that maintain their well-being.

OUR STORIES

This module focuses on the stories of community members across the RSBCIHI service area. It honors the diversity of the patient population and provides healthcare providers with the opportunity to learn more about their patients' lives, the intergenerational effects of historical trauma, and what the patients' think their doctors should know.

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