How Historical Trauma Informs a Community-Based Collaborative: Stories and Lessons from the Future Generations Collaborative

Open with blessing or song.

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.

Address lack of data – why are we centering this story on voices of Native people over quantitative data?

Your Storytellers

- Kelly Gonzales, PhD, Portland State University
- Jillene Joseph, Native Wellness Institute
- Suzie Kuerschner, FASD Prevention-Intervention Consultant
- Barbie Shields, Natural Helper
- Jennifer Pirtle, Natural Helper
- Heather Heater, Multnomah County Health Department

Acknowledge the work of Amanda Mercier, MS. Her critical evaluation work has helped the FGC to frame this discussion and improve upon what is working. Executive summary of her evaluation Trauma-Informed Research and Planning: Understanding Government and Urban Native Community Partnerships to Addressing Substance-Exposed Pregnancies in Portland, OR is available here: https://app.box.com/s/2nw5pgg6lheqx468yzem and by request to Amanda at anmpdx[at]gmail.com.

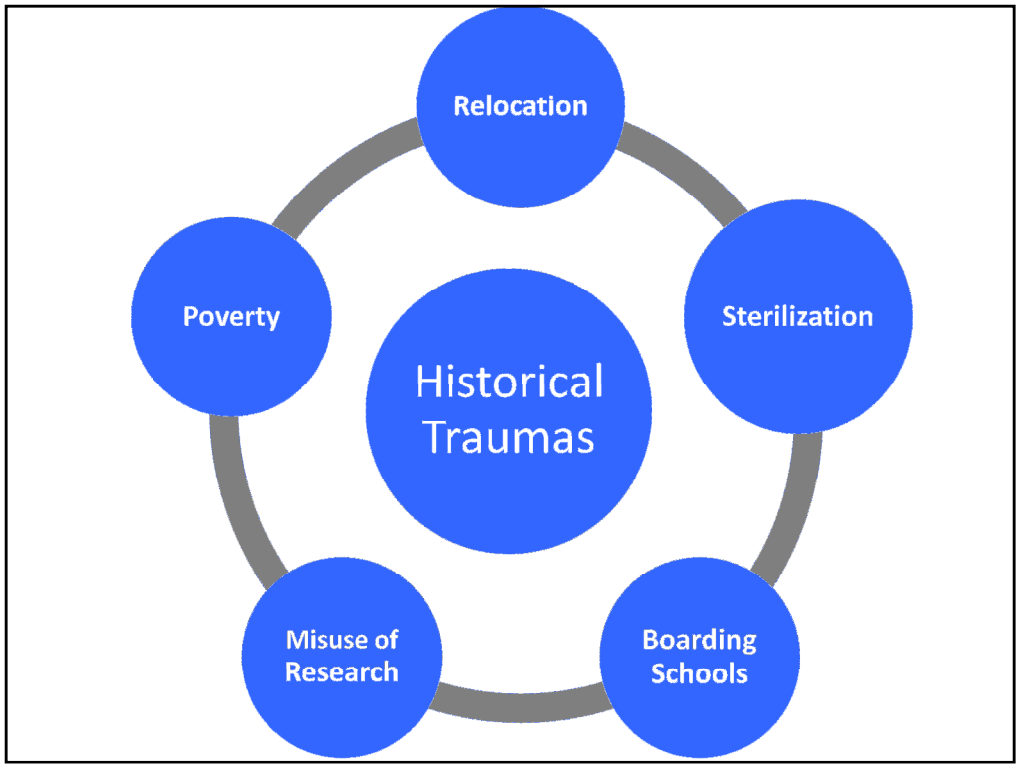
Desired Outcomes

- Build sense of community, have fun and learn together
- Center our discussion in the historical and current realities of Native people
- Understand how integration of indigenous perspectives in health promotion can improve community-based participatory research and planning
- Learn strategies for applying trauma-informed collaborative approaches in public health practice

Take a moment to acknowledge where we are – put our presentation in context:

- American Indian and Alaska Native Populations in Multnomah County:
  - Approximately 9th largest urban Native community in US
  - Over 400 tribes are represented
  - Fasting growing community of color in the county – 43% <25 years
  - Over 28 native-serving organizations

- Multnomah county rests on traditional village sites of the Multnomah, Kathlamet, Clackamas, bands of Chinook, Tualatin, Kalapuya, Molalla and many other Tribes who made their homes along the Columbia River. Multnomah is a band of Chinooks that lived in this area.
- For more information on the health and social welfare of American Indian and Alaska Native Communities in Multnomah County see http://coalitioncommunitiescolor.org/wp-content/uploads/2014/03/NATIVE_AMERICAN_REPORT.pdf



Colonization and it's legacy has been brutal. Beginning in the 18th and early 19th centuries, disease, genocide, military conflicts, dislocation, and rapid change brought much pain and suffering to the indigenous populations of Oregon.

• **Historical and intergenerational trauma** are emotional and psychological injuries that accumulate over time and across generations as a result of cultural genocide inflicted on AI/AN peoples. Historical trauma hinders effective partnerships between AI/AN communities and public health agencies, decreases utilization of public health services by AI/AN people, and contributes to health inequities.

• More than 60 Tribes in Oregon were terminated by the federal government in 1953

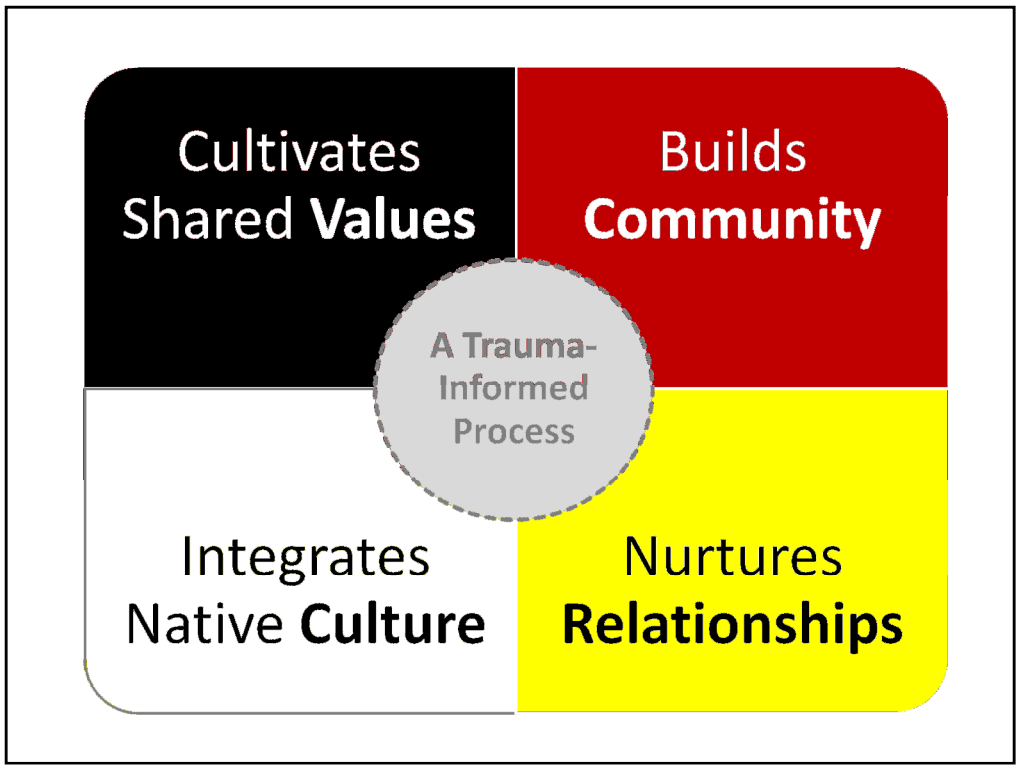
• Forced relocation from productive lands several times through history, most recent being in 1956 when we were forced from reservations and into poor urban areas.

Public health had a significant role in the genocide of native people.

• Forcibly sterilizing or coercing women (and men) into sterilization when in the justice, mental health, and child welfare systems.

• Legalized in the early 1900s and enacted until 1983, the State of Oregon permitted involuntary sterilization, using it often as a condition of release from state institutions.

• Implications for health care and public health = deep mistrust in services and providers including preconception and reproductive health, prenatal and postpartum care.



Centered in the relational world view – for healing and health to happen, all things need to be in balance. In the FGC's TICM we believe that:

Values:

- Listen is as important as talking
- Center process, outcomes and evaluation in the relational worldview

Community:

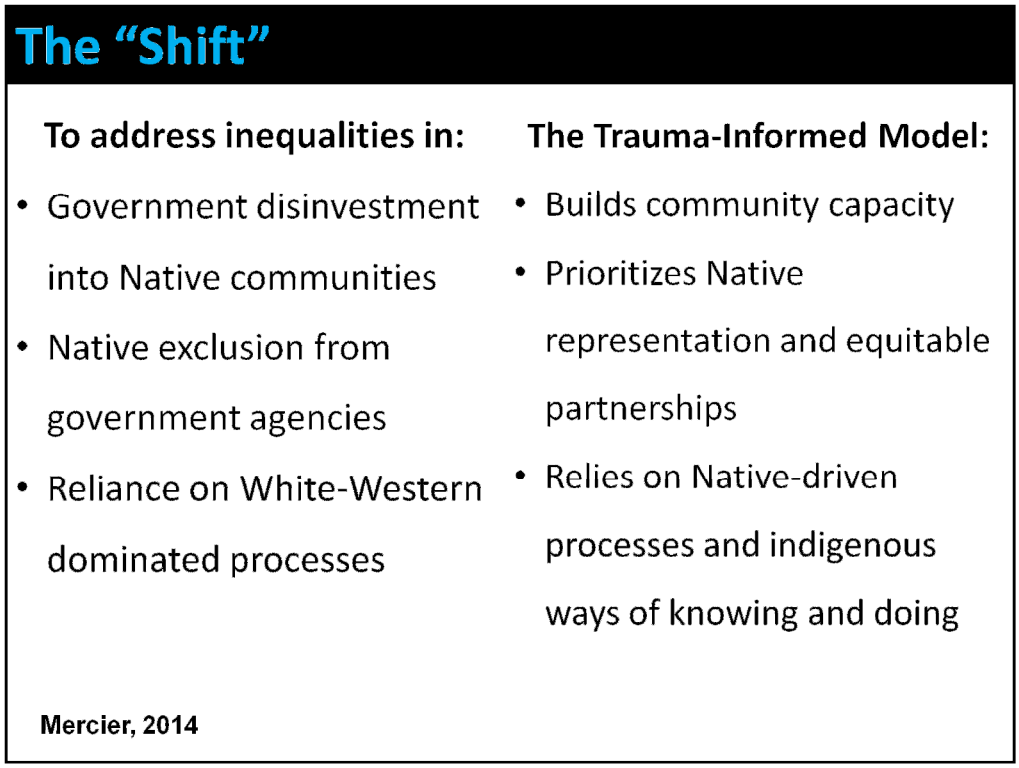
- Share power and decision-making
- Let community define problems and solutions
- Build on community assets through a strengths-based approach

Relationships:

- Take time to build relationships before embarking on planning
- Have difficult conversations

Culture:

- Embed public health practice into traditional AI/AN knowledge and cultural practices
- Minimize jargon and use plain language
- Prioritize Indigenous perspectives and ways of knowing and doing

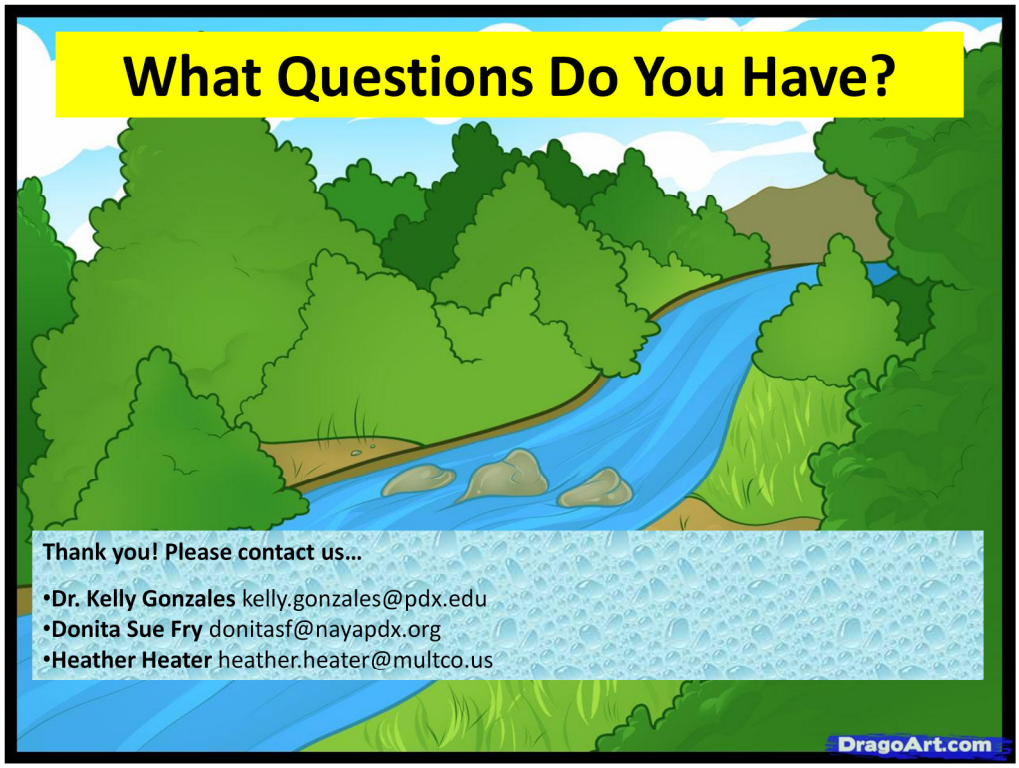


- FGC members describe how three features of the trauma-informed model have been designed to specifically address the structural inequalities of the historical trauma processes.
- In order to address the structural inequality of government disinvestment into Native communities, the trauma-informed model focuses on investing into Native communities by building Native community capacity or Native community strengths and resources.
- Likewise, in order to address the structural inequality of Native exclusion from government agencies, the FGC's trauma-informed model focuses on developing Native representation and equitable partnerships between government agencies and the Portland Native community.
- Finally, in order to address the structural inequality of government reliance on White-Western dominated processes the FGC's trauma-informed model relies on Native-driven processes.

Discussion

- What did you think, feel, see or hear?
- In reflecting on your role in your organization, what opportunities do you have to acknowledge and address trauma?
- How might our findings apply to your organizations?
- Are there additional opportunities for partnership and/or shared learning?

Thank you to our extensive partners and funders including NWHF and Health Share of Oregon.



This is a journey. We would love to share more of our story with you. Please contact us to talk more.

Before we close, what questions do you have?