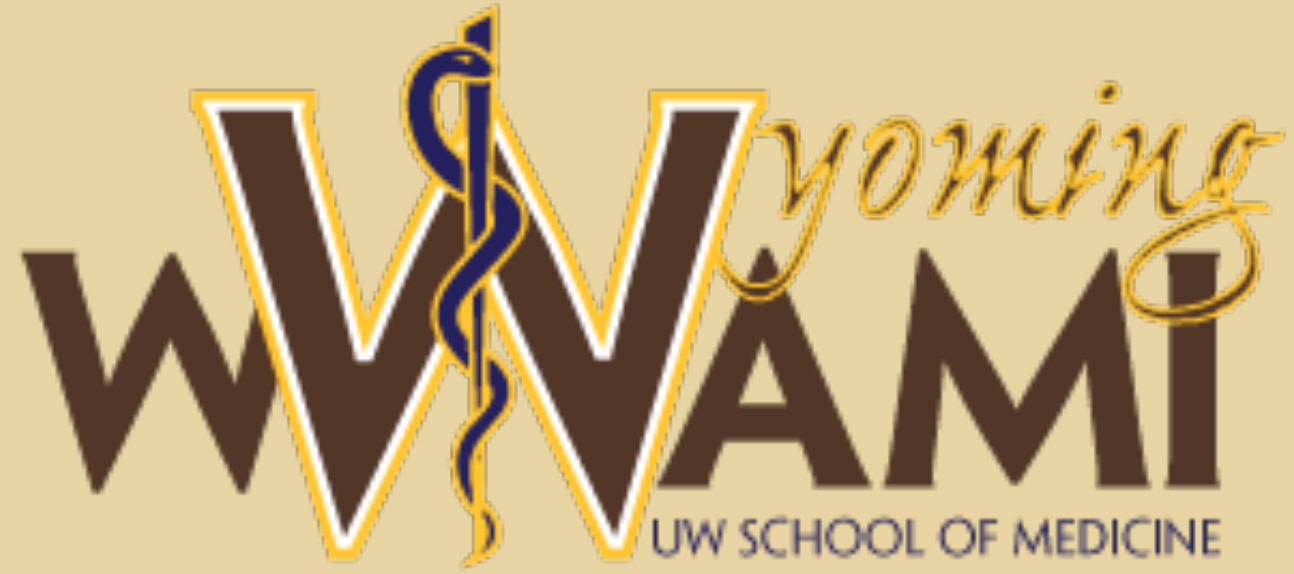


An Assets-Based Approach to Adverse Childhood Experiences (ACEs) Among the Northern Arapaho and Eastern Shoshone Tribes

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Hypothesis: Addressing ACEs on the Wind River Reservation reduces negative health outcomes through community-based interventions.

Background

- Wind River Reservation’s Population 26,490 spread over 3500 square miles
- Long history of resiliency and spirituality
- Long history of intergenerational trauma and forced assimilation
- Casinos provide occupations and are a large revenue source for the tribes

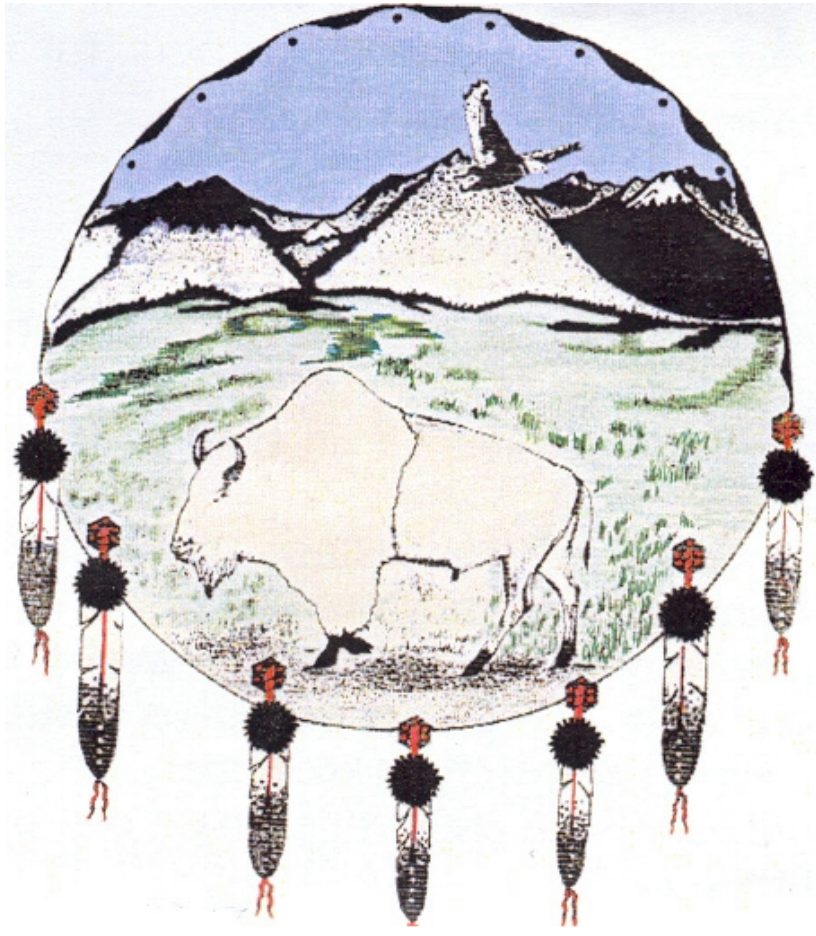


Photo courtesy of White Buffalo Recovery Center



Map of Wind River Reservation in Wyoming

Literature Review

- ACEs repeatedly predict earlier age of drinking onset
- Culturally-based substance use intervention shows better results than non-culturally based interventions in Native American populations
 - Hiring members of the community (other Native Americans) could prove effective in delivery of culturally-based interventions
- ACEs increase risk for substance use disorders, which then become ACEs if they persist into parenthood, creating a difficult cycle to break

Community Profile Assets

- Tribally-operated healthcare facilities
- Tribal Health Office addresses non-clinical, upstream determinants of health
- Indian Health Services (IHS) funding provides transportation, support, and other social services
- White Buffalo Recovery Center provides culturally aligned inpatient recovery options for tribe members

American Indian/Alaskan Native Health Disparities in the IHS Service Area

| | AI/AN Rate 2009-2011 | U.S. All Races Rate - 2010 | Ratio: AI/AN to U.S. All Races |
|--|----------------------|----------------------------|--------------------------------|
| ALL CAUSES* | 999.1 | 747.0 | 1.3 |
| Diseases of the heart (heart disease) | 194.1 | 179.1 | 1.1 |
| Malignant neoplasm (cancer) | 178.4 | 172.8 | 1.0 |
| Accidents (unintentional injuries)* | 93.7 | 38.0 | 2.5 |
| Diabetes mellitus (diabetes) | 66.0 | 20.8 | 3.2 |
| Alcohol-induced | 50.5 | 7.6 | 6.6 |
| Chronic lower respiratory diseases | 46.6 | 42.2 | 1.1 |
| Cerebrovascular disease (stroke) | 43.6 | 39.1 | 1.1 |
| Chronic liver disease and cirrhosis | 42.9 | 9.4 | 4.6 |
| Influenza and pneumonia | 26.6 | 15.1 | 1.8 |
| Drug-induced | 23.4 | 12.9 | 1.8 |
| Nephritis, nephrotic syndrome (kidney disease) | 22.4 | 15.3 | 1.5 |
| Intentional self-harm (suicide) | 20.4 | 12.1 | 1.7 |
| Alzheimer’s disease | 18.3 | 25.1 | 0.7 |
| Septicemia | 17.3 | 10.6 | 1.6 |
| Assault (homicide) | 11.4 | 5.4 | 2.1 |
| Essential hypertension diseases | 9.0 | 8.0 | 1.1 |

* Unintentional injuries include motor vehicle crashes.
 NOTE: Rates are adjusted to compensate for misreporting of American Indian and Alaska Native race on state death certificates. American Indian and Alaska Native age-adjusted death rate columns present data for the 3-year period specified. U.S. All Races columns present data for a one-year period. Rates are based on American Indian and Alaska Native alone; 2010 census with bridged-race categories.

Public Health Concern:

- Interviews with providers and community members all addressed intergenerational trauma/ACEs & their downstream effects, e.g. Substance Use Disorders (SUDs)
- Risk Factors for SUDs:
 - Beginning substance use at a young age
 - Family Hx of SUDs

Conclusion

- Many individuals are invested in their fellow peoples’ health
- Strong sense of family and spirituality among Northern Arapaho/Eastern Shoshone
- The tribes’ tumultuous history is arguably the biggest upstream determinant of their health
- Acknowledging this historical/intergenerational trauma is a step in the right direction in addressing ACEs and their downstream effects like substance use disorders



Eastern Shoshone Powwow
 Photo courtesy of Jennie Hutchinson