

Indigenous Health: Delivering Culturally Appropriate Care 101

<Presenter Name>
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Agenda

- The Need for Culturally Competent Care
- Awareness
- Attitude
- Skills



**Every patient wants dignity,
comfort, and respect from
their healthcare encounters.**

**But implicit bias and cultural
misunderstandings can
create negative experiences.**

One day at an IHS facility staffed by non-Native providers...

- A physician gives a patient a CPAC machine – not realizing the patient's house has no electricity.
- A woman giving birth asks for her placenta so she may bury it per tradition – but the hospital staff tosses it out as biowaste.
- Two nurses roll their eyes at each other when treating an intoxicated older man who is a residential school survivor. His family overhears the nurses refer to him as a “drunk.”

These encounters can reinforce Native American distrust of healthcare providers.

**“I’ve known several elders who won’t go to the doctor anymore because of a bad experience.”
– Pamela A. (Oglala Lakota Sioux)**

How do we bridge the dynamics of difference?

Awareness

We understand the patient's background and needs.

Attitude

We approach patients with empathy and cultural humility.

Skills

We provide care aligned with patient needs, preferences, and expectations.

PART 1

Awareness

Why are there so many health disparities on reservations? Why do some Native people distrust traditional healthcare systems?

To understand this, we must look at Native American history and the factors shaping Indigenous health today.

A Brief History of Tribal Self-Governance and Healthcare

The Past

- Tribal nations governed themselves for millennia before European settlers arrived. Since then, the US government has vacillated between taking control and honoring Native sovereignty.
- The Indian Self Determination and Education Assistance Act (1975) and Indian Healthcare Improvement Act (1976) created the 638 entity, allowing “Indian tribes” and “Tribal organizations” to enter a self-determination contract to take over certain programs.

Today

- All Native Americans can participate in all public, private, and state health programs...
- ... AND they have treaty rights to federal healthcare through the Department of Health and Human Services.
- By treaty, the US government is responsible for Native healthcare by consulting with Tribes and advocating for policy, legislative, and budgetary planning for their care.

Today, there are a number of challenges with Native American healthcare – from underfunding to historical trauma to culturally disrespectful care.

A History of Trauma

There were more than 5 million Native Americans in 1492. By 1900, European settlers had reduced their numbers to fewer than 200,000.

The “Indian Removal Act” of 1830 and the Trail of Tears forcibly relocated Cherokee, Choctaw and other Tribes, causing massive death and dispossession.

Residential schools abused Native children and disconnected them from their Tribal teachings through the 1800s and 1900s.

Surviving families inherited trauma, loss, environmental poisoning, and poverty that impacts their descendants' health today.

Discrimination and Distrust

23% of Native American people report experiencing discrimination in clinical encounters – and 15% avoid seeking healthcare due to anticipated discrimination.

Native people have been subjected to forced sterilization, medical experiments, and healthcare fraud.

Only .04% of physicians are Native. This means patients rarely receive care from other Native American providers.

Only 47% of Native patients feel confident their providers understand their background.

The Native American Elder Experience

Indigenous elders live longer than ever, with Tribal nations expected to have 300,000 elders age 85+ by 2050—a sharp rise from 42,000 in 2012.

Many carry a lifetime of systemic racism and cultural erasure.

- Abusive boarding schools survivors
- Removed from their communities
- Discriminated against in the non-Native world
- Few skilled nursing home facilities on Tribal lands
- Limited hospice care
- Limited income but ineligible for assistance



Underfunded Facilities

52%

of
of the space IHS needs for patient populations.

4x

Facilities are 4x older than the national average.



25%

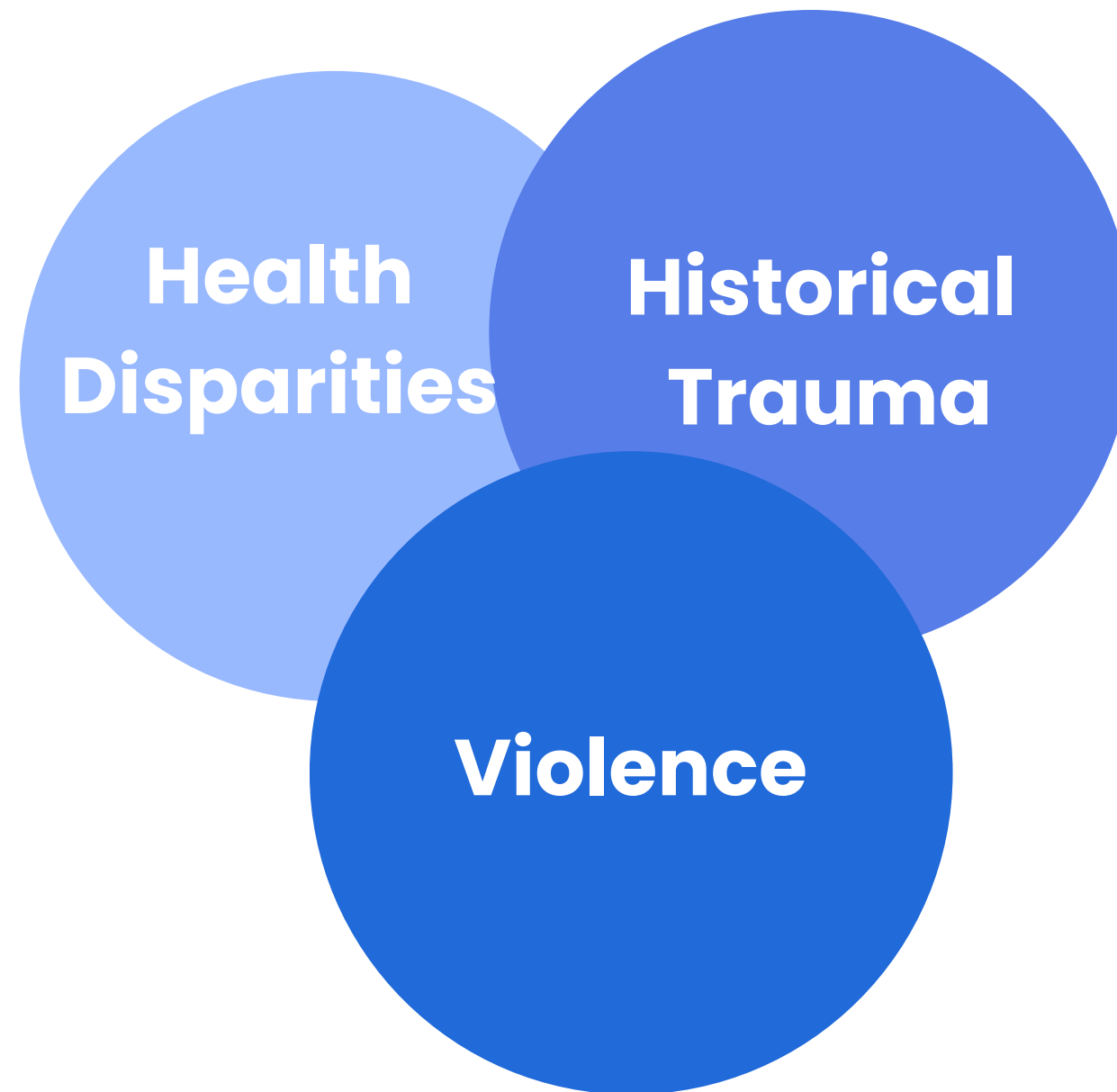
Average IHS clinic provider vacancy

46%

Estimated IHS annual physician turnover

IHS funding per capita is **less than half** that of Veterans Health Administration and **less than a third** of Medicare funding.

The High Cost of Disconnection



Native life expectancy is 65.2 years – the lowest of all racial/ethnic US groups.

Native heart disease rates are 20% higher than other groups.

Native people have a greater prevalence of diabetes than any other US group – and the highest rates of kidney disease.

The Native youth suicide rate is 2.5x higher than the national average.

Native Americans experience PTSD more than twice as often as the general population.

•Native Americans have one of the highest rates of deaths from alcohol poisoning and fetal alcohol spectrum disorders in the U.S.

60% of Native American people who identify as LGBTQ2 report experiencing domestic violence and nearly all report sexual assault.

Native American women face murder rates at almost three times that of White women.

What would you do?

Imagine you're a smart and skilled worker who's always been praised as a high performer. Then all your staff and resources are taken away – but you are pressured to produce bigger results. When you can't, you're called incompetent.

This is the quandary facing Tribal nations. They have knowledge, vision, strength, and skill. Today's Indigenous leaders are innovating across patient care, clinical research, community programs, and academic pathways to improve outcomes and increase Indigenous representation in medicine.

But they do need more resources and culturally competent providers
– **which is where you can play such a valuable role.**

PART 2

Attitude

Trust isn't given – it's earned . As a non-Native healthcare professional serving patients on Indigenous lands, the right attitude can help you foster patient engagement and build positive colleague relationships.

Practice cultural humility.



Recognize patients as the experts on their background – their cultural traditions, their daily habits, their challenges.

Ask questions and listen to patients without preconceptions. Discover their complexity – and possibly your own implicit bias.

Prepare for remote locations.

If your facility is on a remote reservation, the nearest store might be an hour+ away. You may not have access to the restaurants and shops you're used to.

Take a “camper's mentality” to stocking up – and don't forget to explore local events and new hobbies.

Having a sense of adventure can make this an unforgettable chapter in your career.



Honor the dignity and value of all patients.



When you serve in areas with some of the highest poverty and substance abuse rates in the nation, you will encounter patients who struggle with severe challenges.

All of them deserve to be treated with respect and dignity.

We are guests in our patients' facilities.

Accept feedback.

Coworkers and patients may provide cultural advice or corrections. Take feedback as an opportunity to deliver exceptional care.



Is a patient testing you?

Don't take offense at mistrust. Remember they may have encountered clinical discrimination before.

Keep the big picture in mind as you show empathy. Being "vetted" is a small price to pay to support healthcare transformation.

Be a partner, not a savior.

Native communities are not objects of pity. They may lack funding and resources, but they don't need to be rescued. What they need are skilled and compassionate staff who can complement their efforts.

Don't be a savior who tries to take over – be a partner who supports the facility and the community vision.

PART 3

Skills

If you're new to Indigenous health, your patients' needs, values, beliefs, and expectations can differ from what you're used to.

The following tips can help facility leaders and team members deliver culturally competent patient care.

Learn about the facility.

01 What are the top community healthcare issues?

02 What are the top presenting chief complaints?

03 Is the facility an IHS, 638, or TSGP facility?

04 What services are offered at this facility?

05 Who are the patients?



Get to know the Tribes you're serving.

Every Tribal nation and reservation is different.

Even if you've served on Indigenous lands before, you may find your current area has its own language, history, healthcare needs, economics, and community priorities.



Prepare for low-resource environments.



Your facility may lack medical equipment for testing and treatment – and patient transfers to other facilities might take hours.

Be ready to collaborate with other facilities and brush up your wilderness medicine skills.

Train front-line team members.

Every team should include someone experienced in Native health. Pair new team members with a more experienced clinician.

Appoint a facility mentor or champion to train new team members in cultural competency and facility standards.



Start patient relationships with respect.

See the patient quickly.

As soon as possible, make contact with the patient and let them know they will be taken care of.

Introduce yourself to the patient and their family.

"I'm Sarah Smith, I'm a certified PA and I'm working with Dr. Johnson. I'll be taking care of you tonight."

Make a meaningful gesture of respect.

Pause, sit, and ask if they can discuss their presenting issue with you: "I've read your chart and I'd like to speak with you. Can you tell me more about what's bothering you?"



Listen to the patient – and don't rush them.

Native patients often report that providers rush them through appointments or cut them off mid-sentence. Be patient and listen, giving them time to express themselves.

Always try to frame your answers to family requests in a “yes” context. Assure them you will take care of the patient and provide everything they need.

“They’re rushing patients out without being sensitive to them and how they’d like their traditions and culture incorporated into their health plan. And that can cause distrust, leading to subpar or poor care.”

– Pamela A. (Oglala Lakota Sioux)

Respect community leaders and beliefs.

Invite Tribal leaders to see a new facility or ask for their input on community-based programs.

Learn about powwows and ceremonies – and if you're invited to one, go!

Many beliefs are passed down orally, so ask a cultural liaison from the Tribe to identify traditions for birth, illness, recovery, and death.

Don't scoff at patients who treat illness with a medicine man – but encourage them to be open to clinical care.

Ask permission before touching any sacred medicine bags, amulets, feathers, or dreamcatchers.

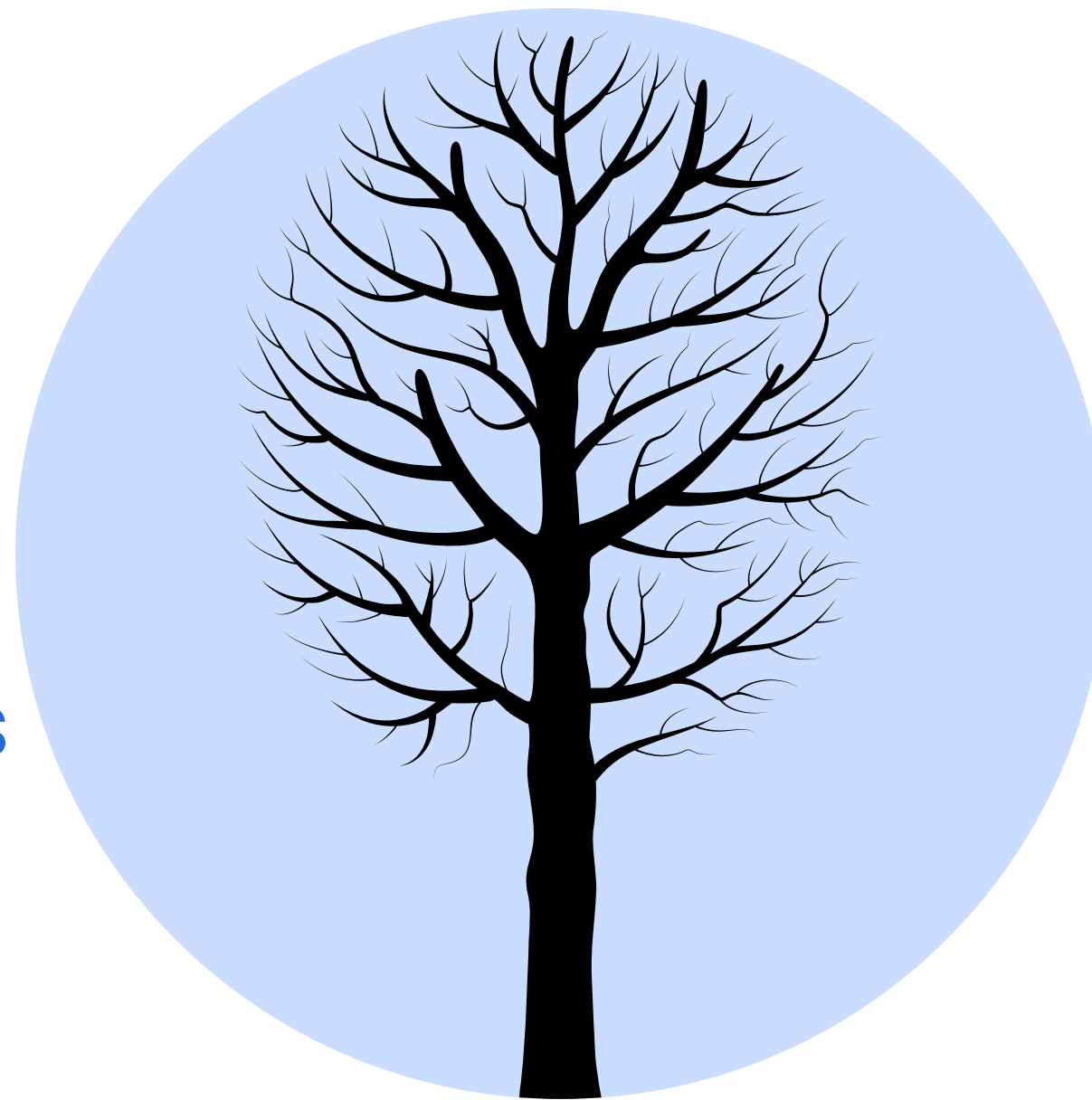
Learn about Indigenous healing practices.

Sweat lodges

Talking circles

Storytelling

Traditional plants



Drumming

Art

Smudging

Food

Dancing

Study trauma-centered care.

Helping Indigenous patients cope with the aftermath of trauma can:

- Avoid triggers and secondary trauma
- Help patients feel more comfortable and empowered in healthcare settings
- Improve treatment adherence and engagement



Advocate for your patient.

The patient's visit with you may be their only point of care. Take a whole-person care approach to ensure they're getting the right help.

"You need to make sure to provide everything. I gave a patient a full 6 month refill because he didn't know the next time he could find a car to come back." – Zoe S., RN

WHAT DOES YOUR PATIENT REALLY NEED?

"What would you like me to know about you?"

"Are there other issues you are having?"

"Are there any prescriptions you need refilled?"

"Do you have somewhere to stay tonight?"



Pay special attention to end-of-life care.

Prepare for large gatherings of visitors who want to pay their respects.

Your facility may have a “viewing room” or other area designated for grieving and honoring the deceased.

Death traditions vary, so ask the family about theirs. They may reject embalming or choose special clothing or ceremonial objects for their loved one.



Be a lifelong learner.

Learning about Indigenous culture when you're off the clock can be invaluable – and fun.

Read

Bury My Heart at Wounded Knee – Dee Brown and Hampton Sides

Everything You Wanted to Know About Indians But Were Afraid to Ask – Anton Treuer

American Indian Health and Nursing – Margaret P. Moss

The Heartbeat of Wounded Knee ~ David Treuer

Watch

Reservation Dogs (Hulu)

Native America (PBS)

Three Pines (Amazon Prime)

Lakota Nation vs. United States (Amazon Prime)



We bring culturally sensitive care and world-class providers to every engagement.

If you're in search of sustainable healthcare change for Native communities, let's talk about how we can create healthcare transformation together.

Looking for a kinder and culturally informed healthcare experience for Native American elders?

We specialize in bringing long-term and end of life care that helps Native seniors spend their final years in dignity and comfort.

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