

# **Cultural Considerations in American Indian Health**

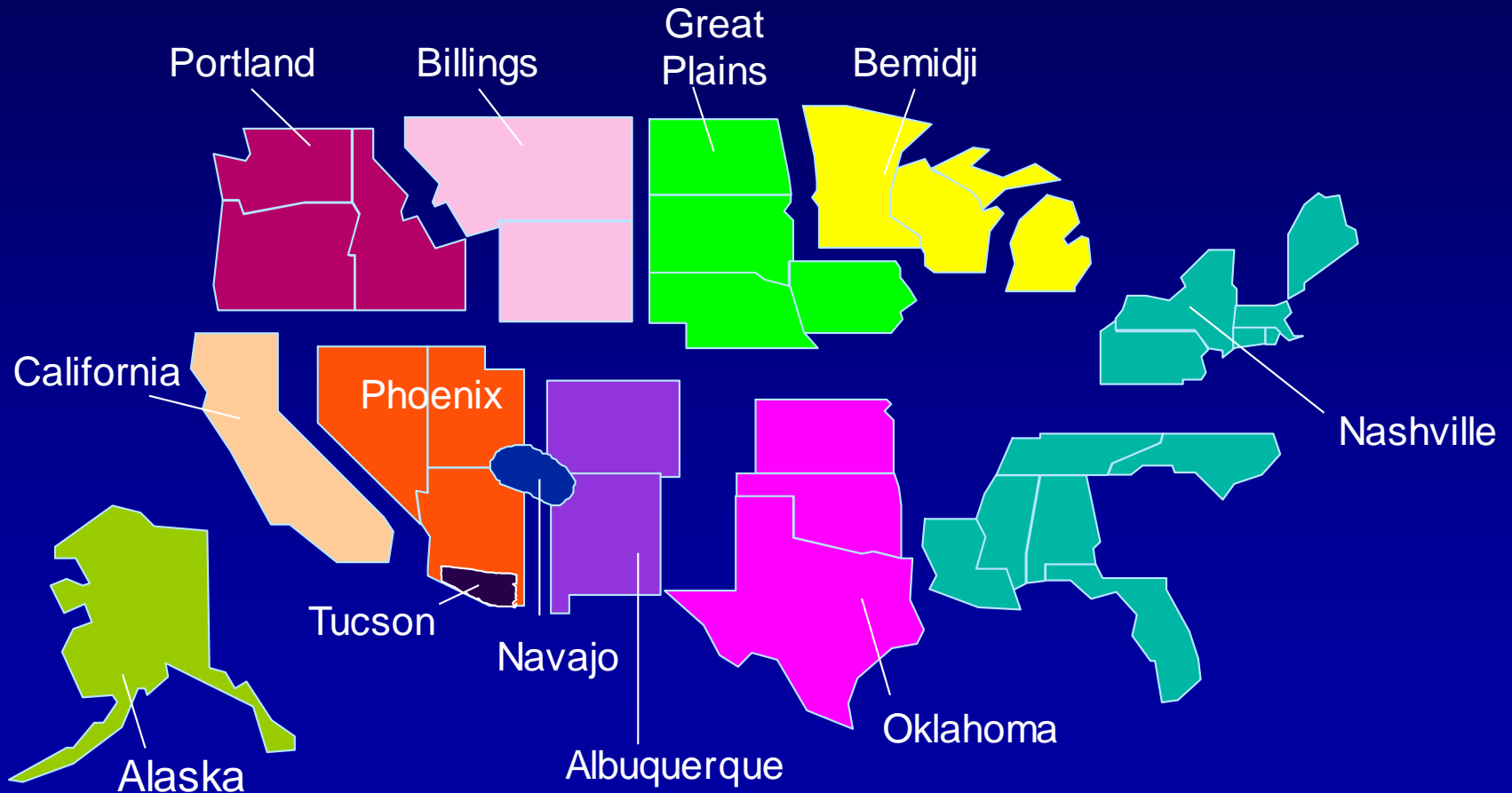
**Donald Warne, MD, MPH**

*Oglala Lakota*

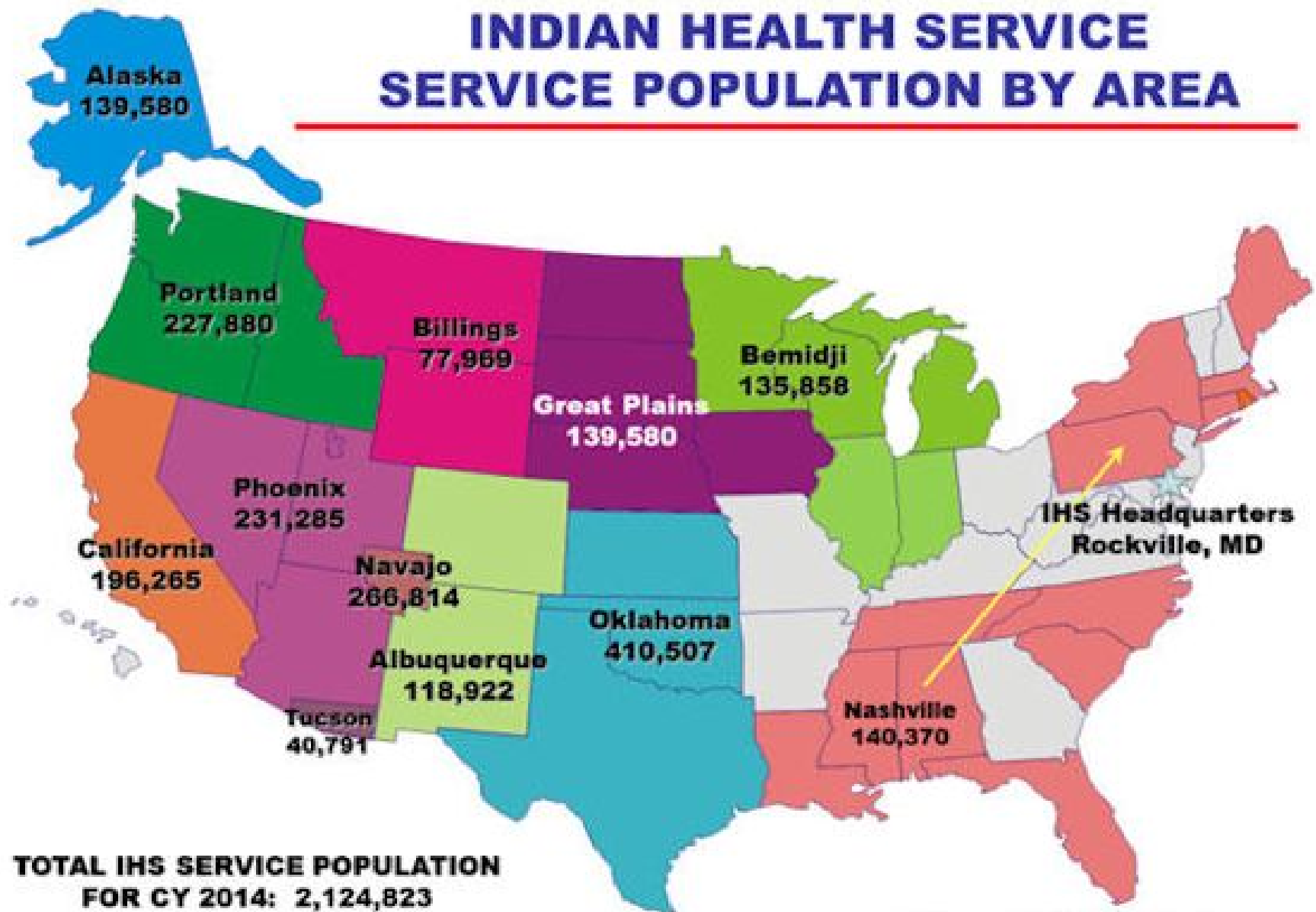
# **OVERVIEW**

- **Culture & Cultural Competence**
  - **Definitions, Barriers, and Benefits,**
- **AI Health Professions Shortages**
- **Comparison of Modern & Traditional Medicine**
- **Practical / Applied considerations**
- **Medicine Wheel / Symbolism**

# IHS Areas



# INDIAN HEALTH SERVICE SERVICE POPULATION BY AREA



**TOTAL IHS SERVICE POPULATION  
FOR CY 2014: 2,124,823**

SOURCE: Division of Program Statistics, OPHS

# GPAAHS

4 States/22 Tribes

## South Dakota

Oyate

Lakota, Dakota,  
Nakota

## North Dakota

MHAN

TM Chippewa

Lakota, Dakota

## Nebraska

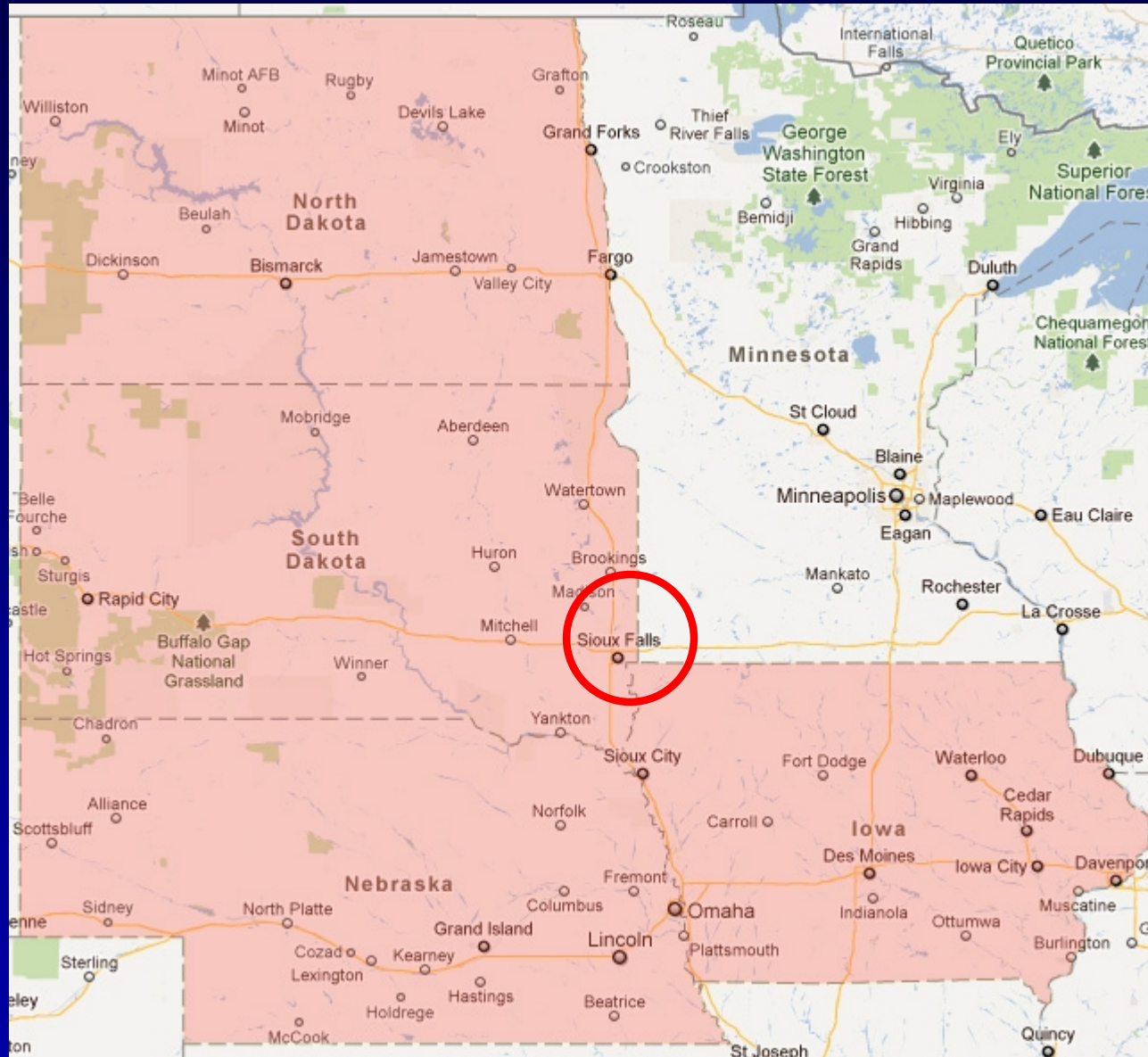
Omaha

Winnebago

Dakota

## Iowa

Meskwaki



# CULTURAL COMPETENCE

## Definitions

- **Culture:** The totality of socially transmitted behavioral patterns, beliefs, values, customs and thought characteristics of a population that guides world view and decision making.
- **Cultural Competence:** The ability of systems to provide services to clients with diverse values beliefs and behaviors, including tailoring services to meet clients' social, cultural and linguistic needs.



# CULTURAL COMPETENCE

## Barriers

- URM under represented in professional leadership and workforce.
- Systems and services poorly designed to meet the needs of diverse patient populations.
- Poor communication between point of services providers and consumers of different racial, ethnic or cultural backgrounds.

# CULTURAL COMPETENCE

## Benefits

- Improved communication
- Improved quality of service delivery
- Reduction in economic, social and health disparities



# **CULTURAL COMPETENCE**

**Purnell's Model:**

**Person, Family, Community, Society**

- **Unconsciously incompetent**
- **Consciously incompetent**
- **Consciously competent**
- **Unconsciously competent**

# Number of AI/AN Applicants to US Medical Schools

	AI/AN	Black	Hispanic
■ 1977	124	2361	955
■ 2011	101	3215	3459

# Great Plains Area AI Medical School Applicants 2015-2016, AAMC

- North Dakota 4
  - South Dakota 0
  - Nebraska 0
  - Iowa 0
- 
- **4 of 115 Applicants, US Total 52,550**

# Great Plains Area AI Medical School Matriculants 2015-2016, AAMC

- North Dakota 2
- South Dakota 0
- Nebraska 0
- Iowa 0
- **2 of 55 Applicants, US Total 20,631**

# Medical School Enrollment

- 2014-2015 > 181 AI/AN students
- 2015-2016 > 214 AI/AN students
- 115 of 52,550 Applicants or **0.2%**

# AI/AN Medical School Graduates, AAMC

- 2012-2013      25
- 2013-2014      26
- 2014-2015      **20      of 18,705**



# Number of Medical School Faculty

- 186 AI/AN faculty of 159,831 total faculty in medical schools
- 7 Professors of 35,183

# Number of Healthcare Executives, 2016, ACHE

- 208 AI/AN Healthcare Executives
- 0.6% of 34,463 Healthcare Executives
- For comparison:
  - 3,033 Black and 1,594 Hispanic Healthcare Executives

# Number of AI/AN PH Applicants, 2011, ASPPH

Hispanic/ Latino		American Indian/ Alaska Native		Asian		Black or African-American		Native Hawaiian/ Pacific Islander	
2,430	6.2%	219	0.6%	5,888	15.0%	5,069	12.9%	145	0.4%

Race/Ethnicity	Total	Accepted	% Accepted
Hispanic/Latino	2,430	1,161	47.8%
American Indian/ Alaska Native	219	108	49.3%
Asian	5,888	3,059	51.9%
Black or African-American	5,069	1,956	38.6%
Native Hawaiian/ Pacific Islander	145	61	42.1%
White	19,278	11,161	57.9%







# AI Health Disparities

Death rates from preventable diseases among AIs are significantly higher than among non-Indians:

- Diabetes 208% greater
- Alcoholism 526% greater
- Accidents 150% greater
- Suicide 60% greater



# Determinants of Disparities

## - Culture Factors

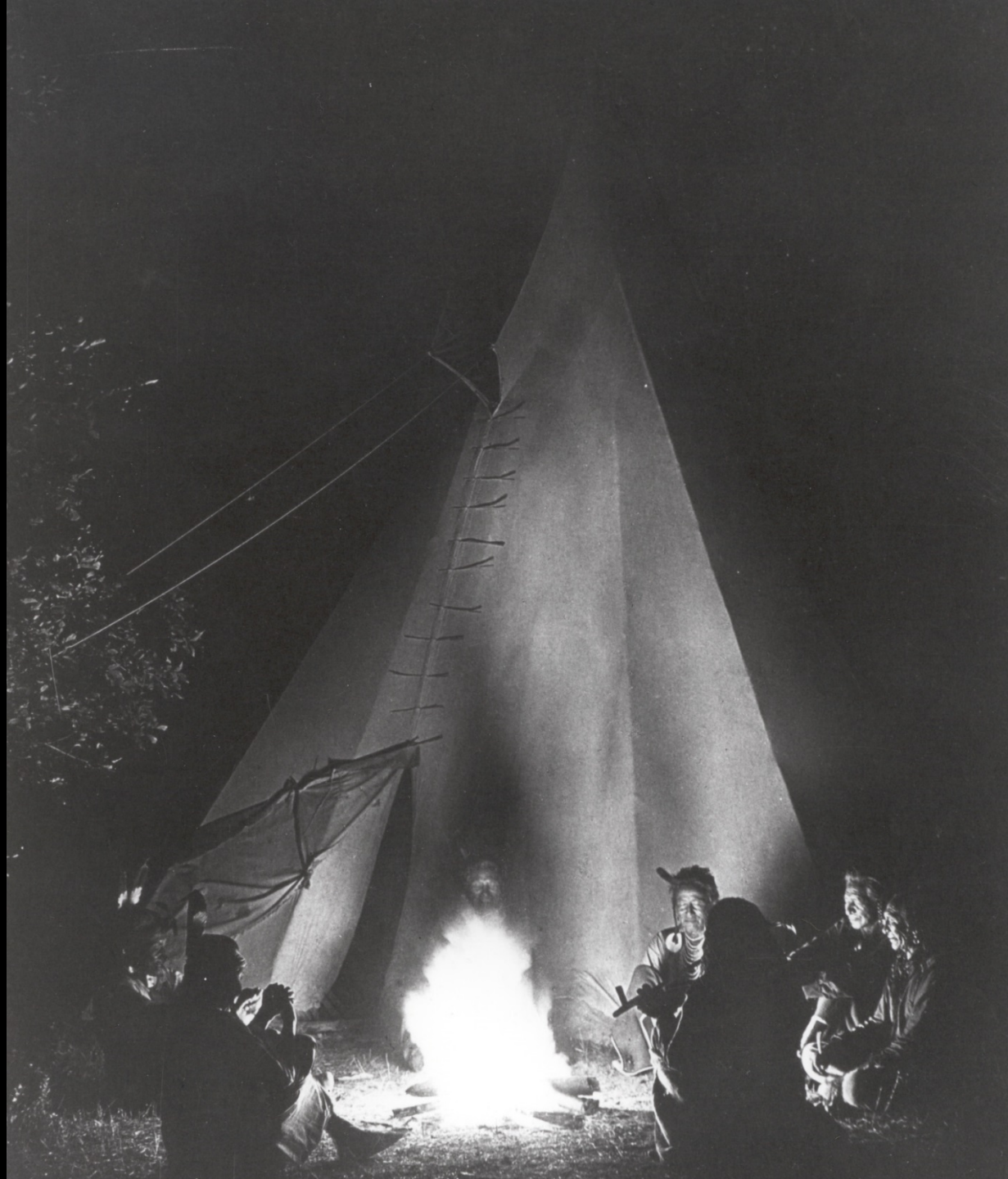
- Important role in determining health-related beliefs, practices & activities
- May require screening for diseases that are more prevalent in that culture, react differently to medicines, or use traditional healing practices
- Health care delivery systems are required to respond to language and cultural needs of their service area by becoming “culturally competent”

# MODERN    TRADITIONAL

- Model

Allopathic

Holistic



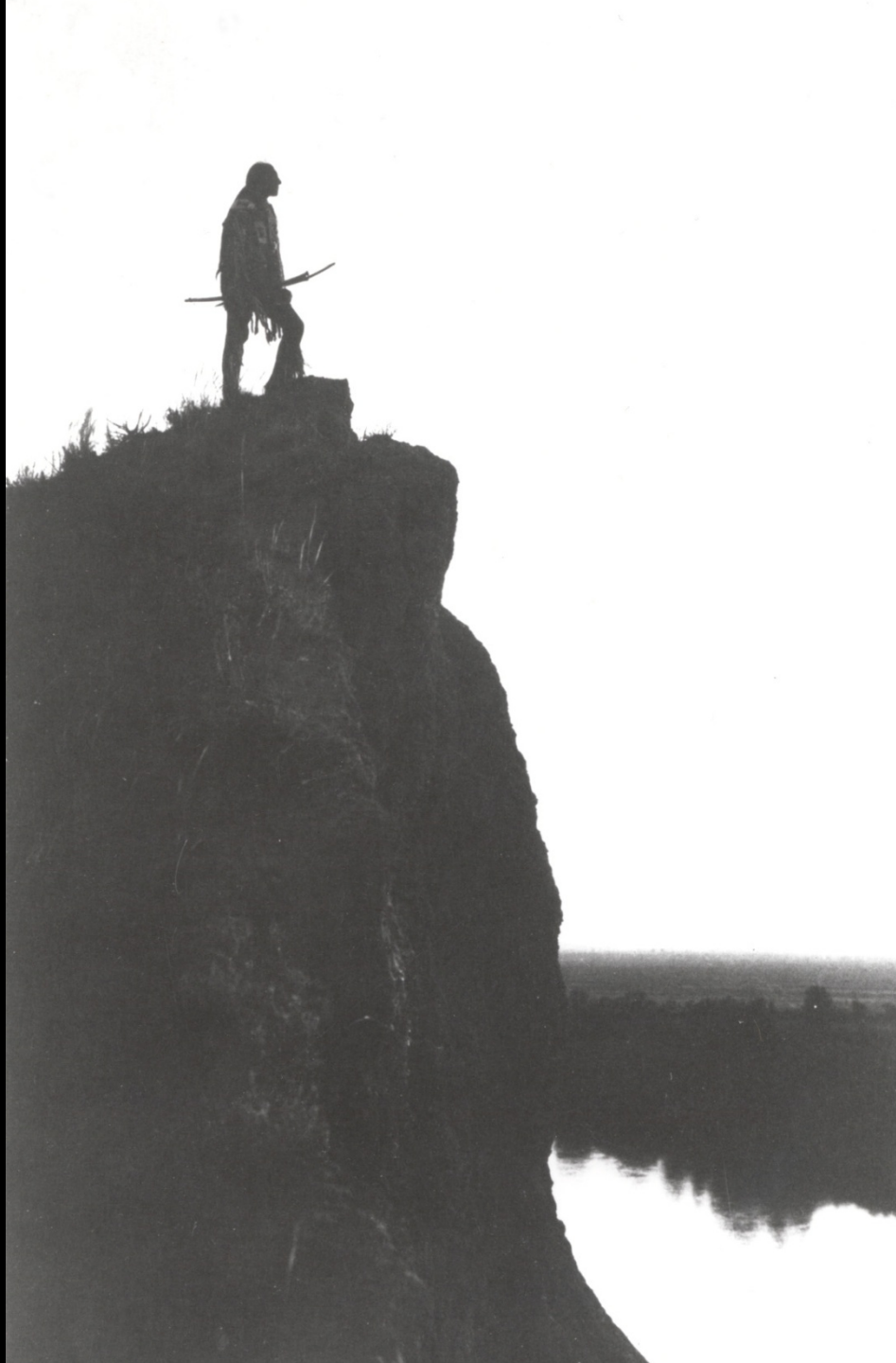
**MODERN**

**TRADITIONAL**

**“Medicine”**

**Physical**

**Spiritual**



**MODERN**

**TRADITIONAL**

**“Health”**

**No Disease**

**Balance**





## MODERN

## TRADITIONAL

- Provider

Physician

Healer





## MODERN

## TRADITIONAL

- Focus

Treat/Manage  
Disease

Promote Health





MODERN

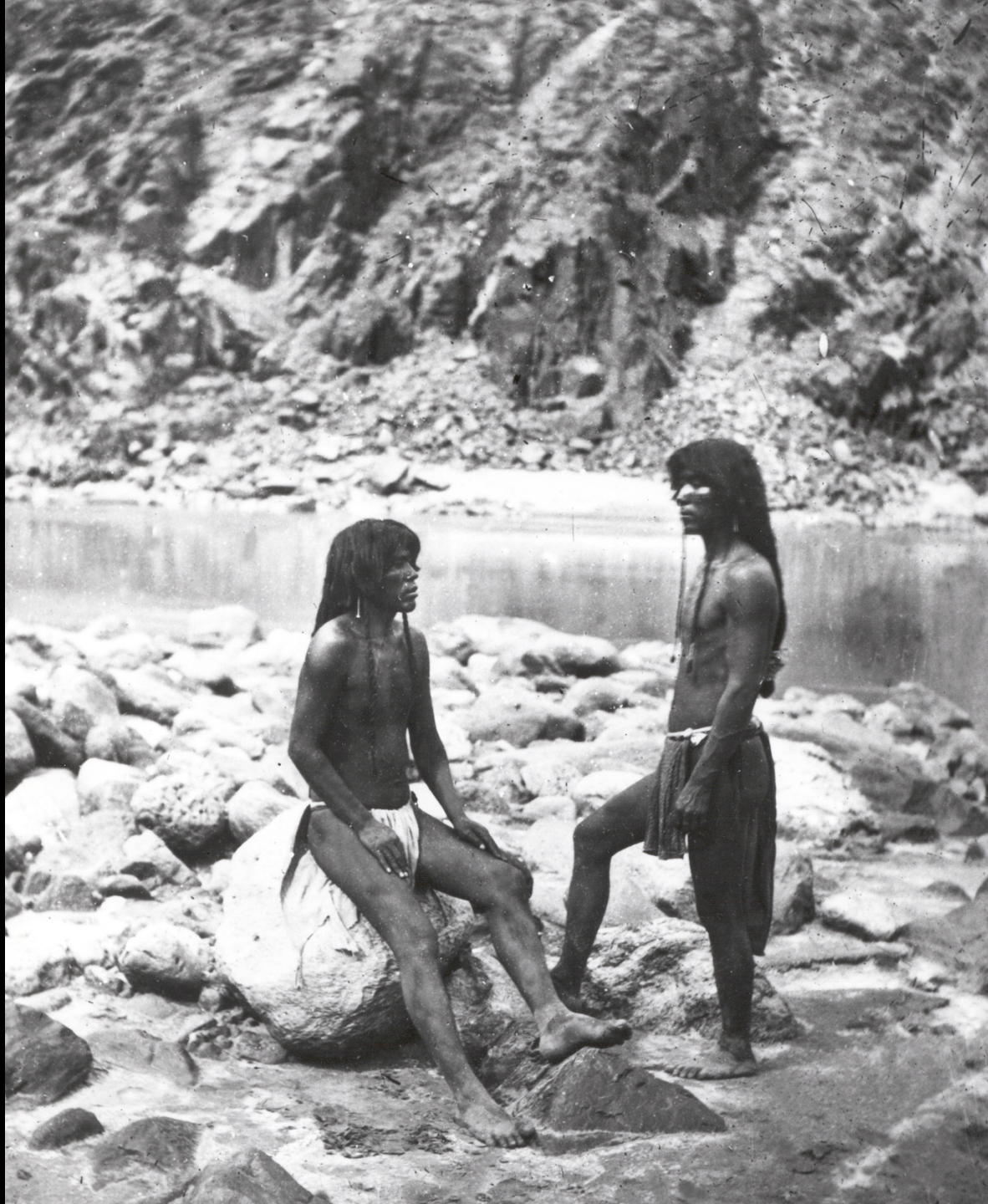
TRADITIONAL

•Communication

Linear

Circular





# MODERN      TRADITIONAL

- Value System      Exclusive      Inclusive





## MODERN

## TRADITIONAL

- Values

Confidentiality

Family/Community  
Participation





## MODERN

## TRADITIONAL

- Honors

Physician for  
Curing

Patient for  
Wellness





**MODERN**

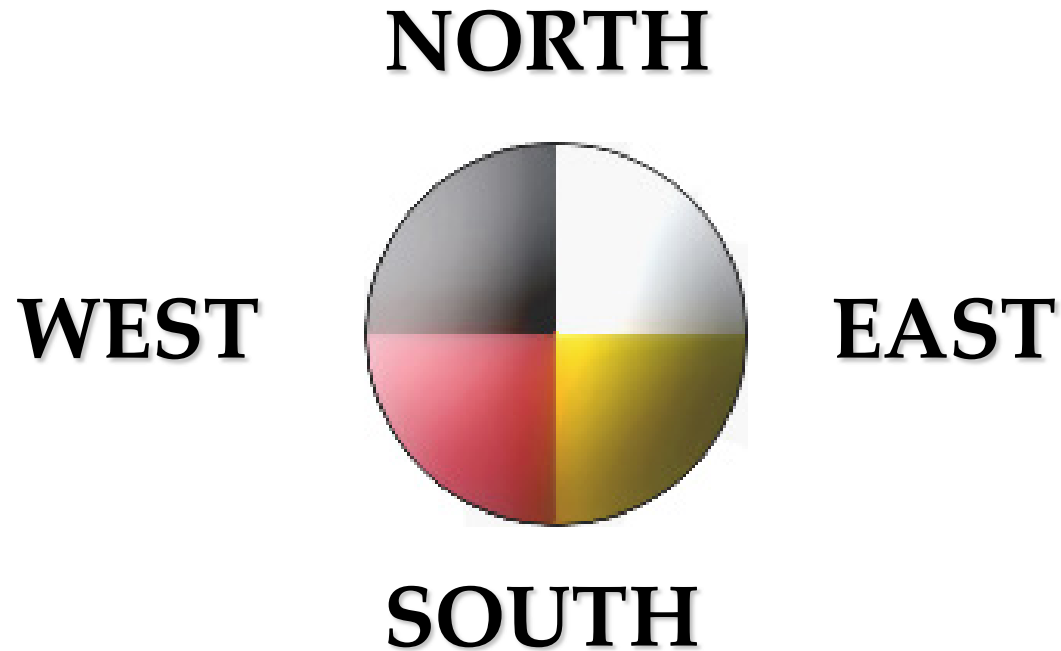
**TRADITIONAL**

•Symbol      Serpent & Staff      Medicine Wheel





# MEDICINE WHEEL



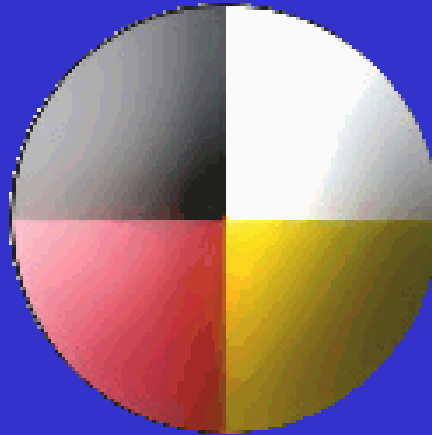
# MEDICINE WHEEL



# Traditional Systems of Diagnosis

MEDITATION

HERBS &  
NATURAL  
REMEDIES



PRAYER

COUNSELING

Key Components: Ceremony, Family &  
Community Participation

# Traditional Medicine Services

- Talking Circles
- Healing Ceremonies
- Herbal Remedies
- Smudging
- Sweat Lodge
- Counseling
- Regionally Specific Remedies
- 70% of urban & 90% of reservation AI people use traditional medicine



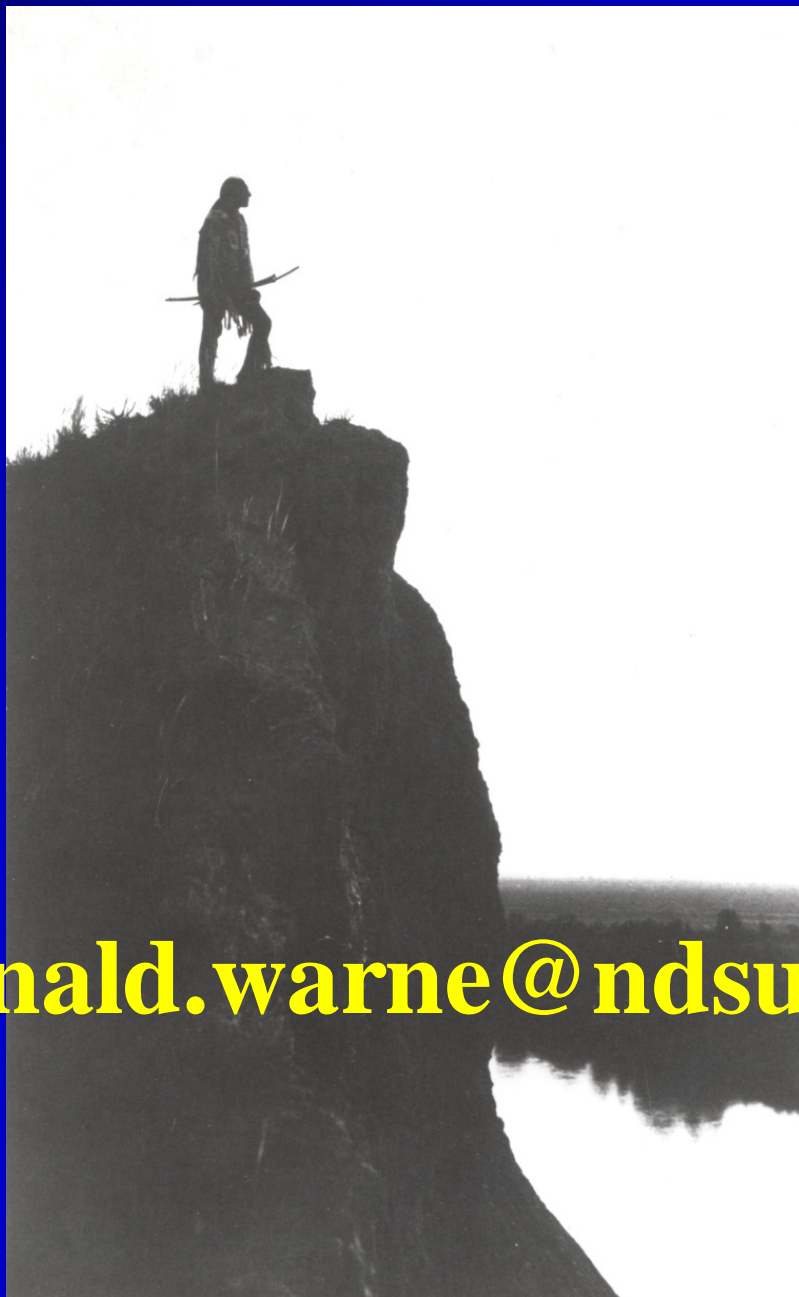
# Healing Ceremonies

- *Inipi*—“Sweat Lodge”



# Practical Considerations

- Dress “Business Casual”
- Eye Contact
- “American Indian” vs “Native American”
- Tribal Sovereignty / Self-Determination
- Treaty Rights
- Culture of Poverty / Culture of IHS
- Culture of Chronic Illness (e.g. diabetes)
- Respectful handshake—telemedicine?
- Questions?



[donald.warne@ndsu.edu](mailto:donald.warne@ndsu.edu)