Cultural Considerations in American Indian Health

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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

- Albuquerque
- Portland
- Billings
- California
- Phoenix
- Oklahoma
- Nashville
- Navajo
- Tucson
- Alaska
- Great Plains
- Bemidji
GPAIHS
4 States/22 Tribes

South Dakota
Oyate
Lakota, Dakota, Nakota

North Dakota
MHAN
TM Chippewa
Lakota, Dakota

Nebraska
Omaha
Winnebago

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 incompetet
- Consciously competent
- Unconsciously competent
<table>
<thead>
<tr>
<th>Year</th>
<th>AI/AN</th>
<th>Black</th>
<th>Hispanic</th>
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</thead>
<tbody>
<tr>
<td>1977</td>
<td>124</td>
<td>2361</td>
<td>955</td>
</tr>
<tr>
<td>2011</td>
<td>101</td>
<td>3215</td>
<td>3459</td>
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</table>
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

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

Indian Health Service. *Regional Differences in Indian Health 2002-2003*
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
“Medicine” Physical Spiritual
<table>
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<tr>
<th>MODERN</th>
<th>TRADITIONAL</th>
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<tbody>
<tr>
<td>“Health”</td>
<td>No Disease</td>
</tr>
<tr>
<td></td>
<td>Balance</td>
</tr>
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</table>
MODERN  TRADITIONAL

• Provider  Physician  Healer
MODERN

TRADITIONAL

• Focus

Treat/Manage Disease

Promote Health
MODERN       TRADITIONAL

• Communication       Linear       Circular
MODERN    TRADITIONAL

- Value System  Exclusive  Inclusive
• Values    Confidentiality    Family/Community Participation
MODERN  TRADITIONAL

• Honors  Physician for Curing  Patient for Wellness
MODERN   TRADITIONAL

• Symbol    Serpent & Staff    Medicine Wheel
MEDICINE WHEEL

MENTAL

PHYSICAL

SPIRITUAL

EMOTIONAL
Traditional Systems of Diagnosis

Key Components: Ceremony, Family & Community Participation

MEDITATION

HERBS & NATURAL REMEDIES

COUNSELING

PRAYER
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?