

# Mountain States Regional Health Equity Council Presents:

## Part 3 of Native American Cultural Competency Webinar Series: Tribal Healthcare as Culture of Health, Importance of Cultural competency assessments, and challenges.

July 31, 2017



**NATIONAL  
PARTNERSHIP  
FOR ACTION**  
to End Health Disparities



Mountain States  
Regional Health  
Equity Council

**THINK  
CULTURAL  
HEALTH**



# Speakers

## Introductions & Welcome

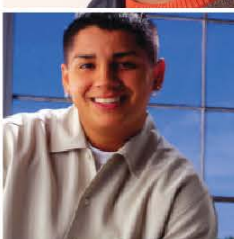
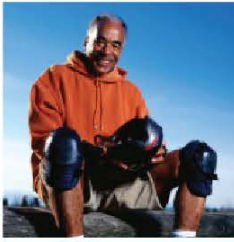
- ▶ Dee Le Beau-Hein, MS, Training Coordinator, Great Plains Tribal Chairman's Health Board

## Tribal health perspectives and cultures of health; Cultural Competency Assessments and challenges

- ▶ Tom Anderson, Senior Strategist and Tribal Health Consultant

## Questions and Answers

- ▶ Dee Le Beau-Hein, MS, Training Coordinator, Great Plains Tribal Chairman's Health Board



# Mountain States' Mission and Vision

## Mission

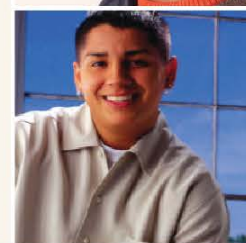
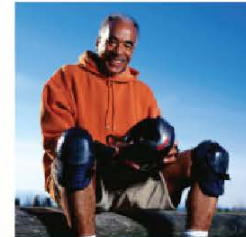
- ▶ To address the determinants of health and achieve health equity for all in Region VIII through development and coordination of new and existing partnerships, leaders, and stakeholders

## Vision

- ▶ A nation free of disparities in health and health care



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# About the Mountain States RHEC

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

## ► **Overarching Strengths:**

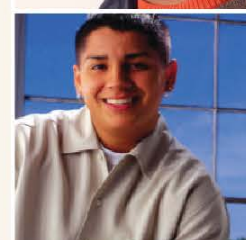
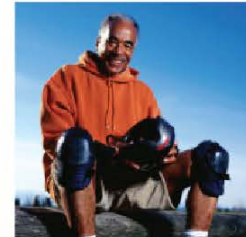
- Work in close proximity to one another
- Collaborate with State Offices of Minority Health
- Maintain strong relationship with Regional Minority Health Consultant and OMH staff

## ► **Priority Areas:**

- Increase awareness about RHEC VIII initiatives and efforts to reduce health disparities and promote health equity
- Provide education and awareness of Cultural and Linguistic Competency within the region
- Increasing education and awareness on ACA within the region



Mountain States Regional Health Equity Council



**RHEC VIII webinar training series on Native American Cultural Competency Series: Tribal Health, Cultural Competency Assessments and CLAS Standards working in tribal communities and their impact of cultural needs assessments; Part 3.**

**Tom Anderson, MPH  
(Cherokee)**

**Senior Strategist and Tribal  
Health Consultant  
Oklahoma City, OK**

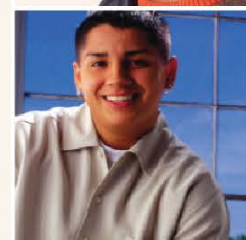
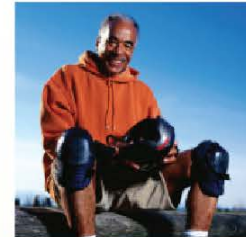
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**July 31,2017**

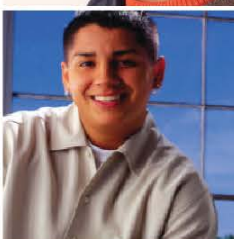
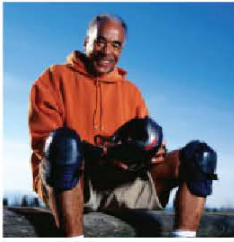


**Mountain States Regional Health Equity Council**



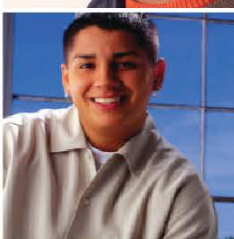
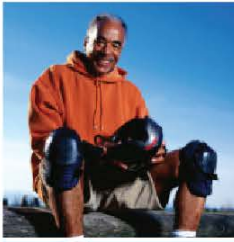
# By participating in this webinar, you will be able to:

- ▶ Describe the diversity of existing Tribal health care and explain the wide and varying differences in tribal health perspectives and cultures of health
- ▶ Be able to share examples of best and promising practices of cultural competency aligned with the CLAS Standards
- ▶ And have a heightened awareness of health equity challenges in tribal communities through the lens of health and cultural needs assessments



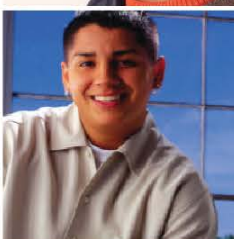
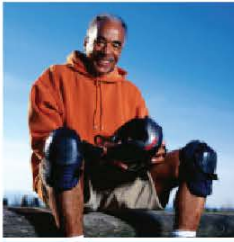
# Setting the Stage:

- ▶ American Indians and Alaska Natives (AI/AN) have certain legal rights other population groups do not have and were given the “promise of proper care and protection” by the federal government
- ▶ These rights and promises were not freely given to indigenous people, rather were exchanged for ancestral lands and natural resources
- ▶ AI/AN are the only population group required to ‘prove’ they are a citizen of a tribe
- ▶ Federal Indian policy resulted in a governmental trust responsibility to provide AI/AN people with education, housing, and healthcare



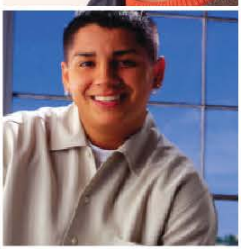
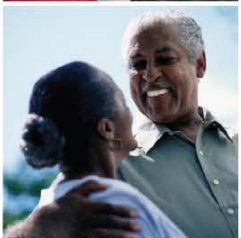
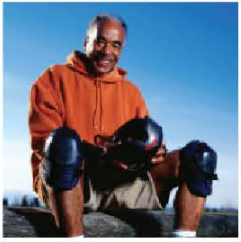
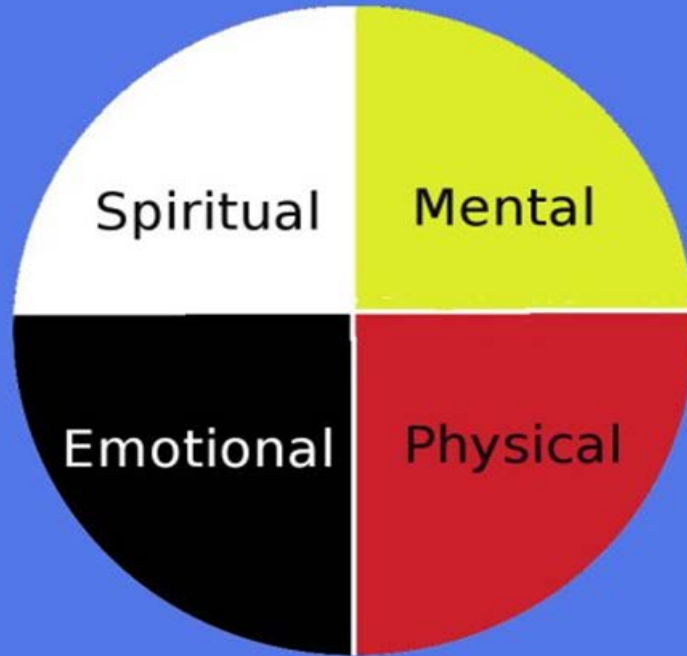
# Setting the Stage: Continued...

- ▶ Lets keep in mind, due to Federal statutes, Supreme Court Rulings, treaties, Presidential Proclamations, and in the Constitution itself, many American Indians believe as sovereigns, the federal government has not lived up to its trust responsibility and financial obligation formerly agreed upon
- ▶ Many hold AI/AN Health Inequity is evidenced by poor health outcomes largely resulting from IHS being woefully underfunded
- ▶ In addition to the Transfer Act 1954, the Indian Self-Determination and Education Assistance Act provided tribes with the legal right to manage Bureau of Indian Affairs and Indian Health Service programs. Recently, Indian Health Care Improvement Act as Public Law 94-437, is permanently funded (part of the ACA)

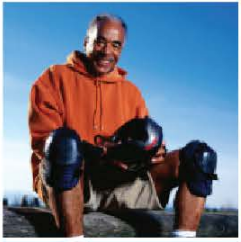




# Medicine Wheel

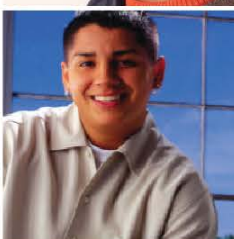
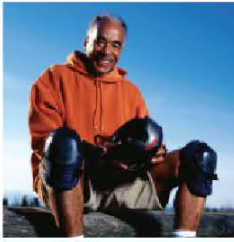


# Diversity of Healthcare in Indian Country



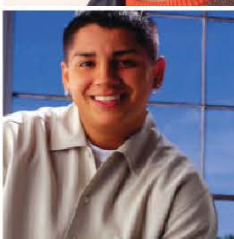
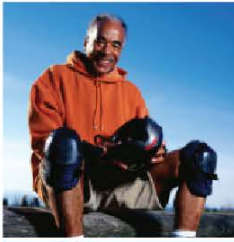
# Diversity of Healthcare in Indian Country

- ▶ 567 Federally recognized Tribes in U.S. Each Tribe is a sovereign government determining healthcare for respective citizens served and their needs are great
- ▶ Many Tribes receive funding from IHS and provide own healthcare. (Self Governance)
- ▶ Other's are solely dependent on IHS for all healthcare - Direct Service
- ▶ Tribal Public Health services are offered by Tribal Epidemiology Centers (defined as the public health authorities under Section 214 [25 U.S.C. § 1621m].)
- ▶ Data ownership: Tribes own and control data. (IRB, MOU)
- ▶ Tribes are eligible to submit applications for certain grant funding
- ▶ One driver: AI/AN healthcare - outcome's is under funding

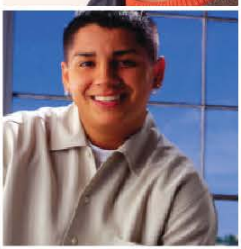
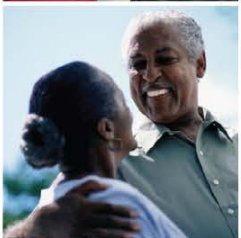
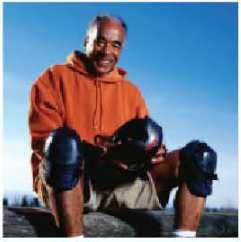


# Diversity of Healthcare in Indian Country, Continued...

- ▶ Limited access to care, social inequities, and significant staffing restraints are a few barriers in improving health and health care for AI/AN's
- ▶ Underfunding creates a financial burden to serve the population
- ▶ Abundant unmet needs in AI/AN health care
- ▶ Racial misclassification creates added confounding
- ▶ Inter-generational Trauma, Epigenetics,
- ▶ The quality of health care is dismal in many tribal communities, research indicates that culturally competent healthcare can make a huge impact on a community
- ▶ 'Doing more with less' is a way of life with AI/AN



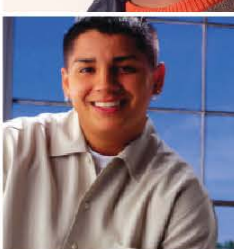
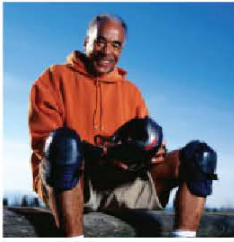
# Tribal Health Perspectives and Cultures of Health



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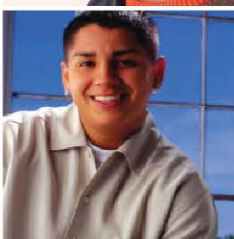
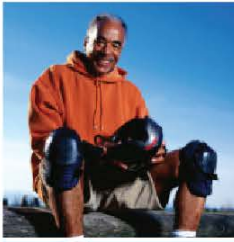
# Tribal health perspectives and cultures of health

- ▶ Due to unique historical context, legislation, litigation, cultures, and geographic locations, each tribe, and in some cases tribal community, has their own unique health status and understanding of health
- ▶ Cultural Competence has often been lacking in healthcare and research. The AI/AN population have often stated they have been over-researched, often times without being provided data or feedback contributing to wariness
- ▶ Communication between patient and provider is often lacking or non existent. This leads to mistrust
- ▶ Historically, a sense of distrust was commonly prevalent in indigenous communities
- ▶ Extending and expanding beyond Western healing methods will be essential for embracing a Tribes culture of health

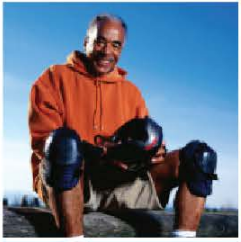


# Tribal Health Perspectives and Cultures of Health, Continued...

- ▶ The historical impact of American Indian health policy has a direct impact on the AI/AN health care system today
- ▶ Consideration is to be given for developing community-specific interventions to address health disparities. This is essential to work with each tribe and community to create and implement such strategies rather than a cookie cutter approach



# Best and Promising Practices of Cultural Competency Curriculum Training





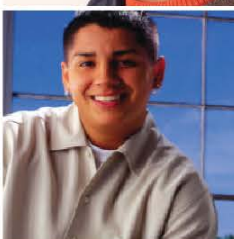
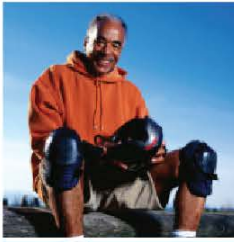
# Best and Promising practices of Cultural Competency aligned with the CLAS Standards

**Cultural Competency Training Curriculum Modules** (PDF)  
funded by OMH

- ▶ Creating a Cultural Competency Program
- ▶ Part 1: Gathering the Threads
- ▶ Part 2: Finding the Pattern
- ▶ Part 3: Selecting the Colors
- ▶ Part 4: The Unwoven Flaw
- ▶ OCAITHB Cultural Orientation Technical Assistance
- ▶ Evaluation Form

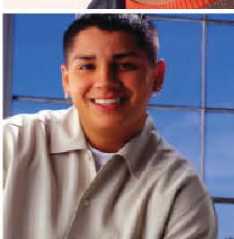
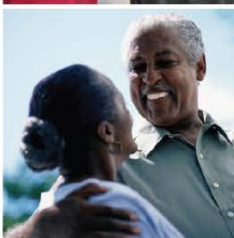
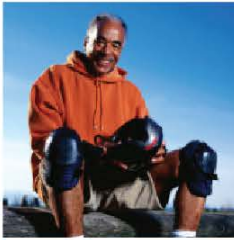
**Promising Practices** should be data driven.

- Example: “Talking Circles”
- Example: ‘Culture as Prevention’
- Example: ‘Sweet Grass Method’



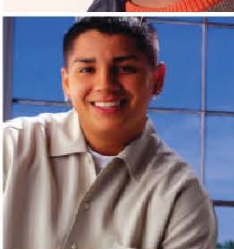
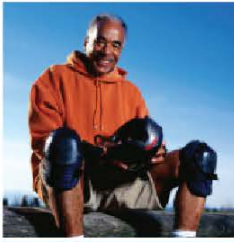
# Promising Practices

- ▶ **Talking Circle(s) in general, think of 3 types:**
  - **“Sharing Group”** (Most common) People gather to discuss issues and share information. No organization, no format, a circle group for communicating
  - **“Gathering Group”** More formal circle where people come together to solve problems or mediate disagreements. All participants are encouraged to speak
  - **“Healing Group or Healing Circle”** Typically led by a facilitator with the goal of guiding discussion to increase knowledge, reduce risky behaviors, or garner group support. May be designed to improve lifestyle behaviors

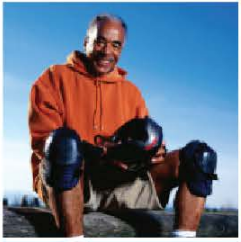


# Example: AI/AN Culture of Health

- ▶ The **Sweetgrass Method** forms a “culturally responsive” method of proposed delivery towards individuals dealing with PTSD by looking at the three braiding strands: *introspective*, *collaboration*, and *continuity* as a means of developing partnerships with the individual, family, traditional practitioner (on specific tribal ceremonial ways of clients tribal affiliation) to tailor services
- ▶ Be respectful of Tribes that refuse or are reluctant to quantify methods, ceremonies or outcomes through the written word, on film, or capturing information through data. Remember, for centuries, oral tradition was the only method employed by tribes and it seemed to work out for them. They may feel merit in the old way or practices
- ▶ Documenting particular methods, ceremonies, or practices can be secondary or a lesser priority for tribes than your needs to fulfill a grant requirement



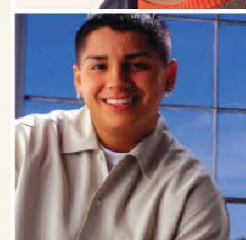
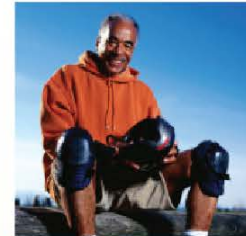
# Health Equity Challenges in Tribal Communities



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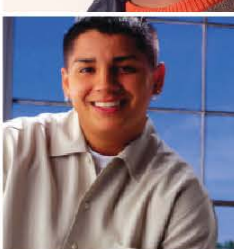
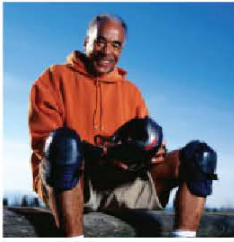
# Health Equity challenges in tribal communities

- ▶ **Communication** is fundamental to quality of care and achieving equity
  - **Cross-cultural communication** involves not only words that are spoken and how they may be translated, but it also includes differences in interpretation of non-verbal gestures and behaviors, variations in learning styles, and the entire context in which the interaction occurs
  - **Context** is not just the immediate environment but also the broader historic, social, cultural and economic experiences that affect meaning. In a cross-cultural setting, the patient and the provider may have such different life experiences that verbal and nonverbal expressions hold very different meanings



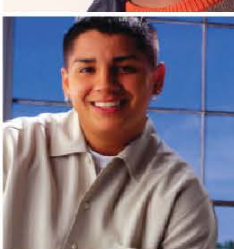
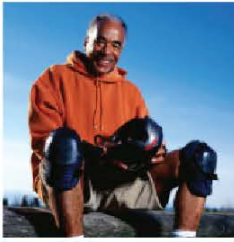
# Health Equity challenges in tribal communities, continued

- ▶ **Cultural competence** discussion began in mental health services where the cultural context of behavior greatly impacted diagnoses of mental illness
- ▶ Fundamental to cross-cultural communications is the ability to understand the *worldview* of a different culture.
- ▶ One realistic approach to cultural competence is to provide training that develops skills and knowledge to communicate more effectively in a cross-cultural setting



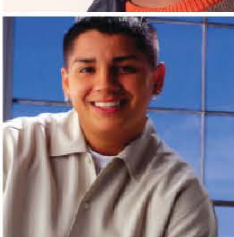
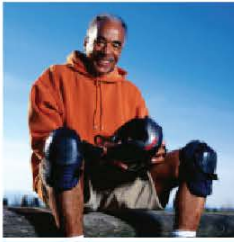
# Indigenous World View

- ▶ Indigenous worldviews contain thousands of years of ancient wisdom about how to live on the earth
- ▶ High priority is given to loving the earth, preserving the earth, honoring the earth, and developing technologies that benefit people while also protect the earth. The earth must become a central value for everyone. This view is foreign to many
- ▶ Indigenous people walk in two worlds. The expression implies that Indian people have an interpretation of history and community that is their own. This leaves an alternative interpretation of the world or of reality
- ▶ Multiculturalism, multi worldviews, multiple cosmic visions and even multi-verses are thought more appropriate in reality than the view of a single universe
- ▶ Respect and appreciation of others worldviews and religions is a general feature of Indian relations



# Intergenerational Trauma:

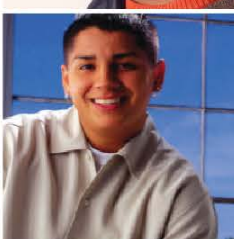
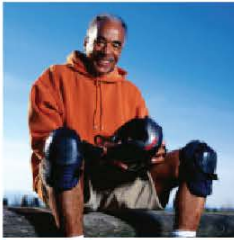
- ▶ American Indians experienced massive losses of lives, land, and culture from European contact and colonization resulting in a long legacy of chronic trauma and unresolved grief across generations
- ▶ This phenomenon, labeled historical unresolved grief, contributes to the current social pathology of high rates of suicide, homicide, domestic violence, child abuse, alcoholism and other social problems among American Indians
- ▶ The concept of historical unresolved grief and historical trauma among American Indians, outlining the historical as well as present social and political forces which exacerbate it. The abundant literature on Jewish Holocaust survivors and their children has been used to delineate the intergenerational transmission of trauma, grief, and the survivor's child complex. Interventions based on traditional American Indian ceremonies and modern western treatment modalities for grieving and healing of those losses are to be combined

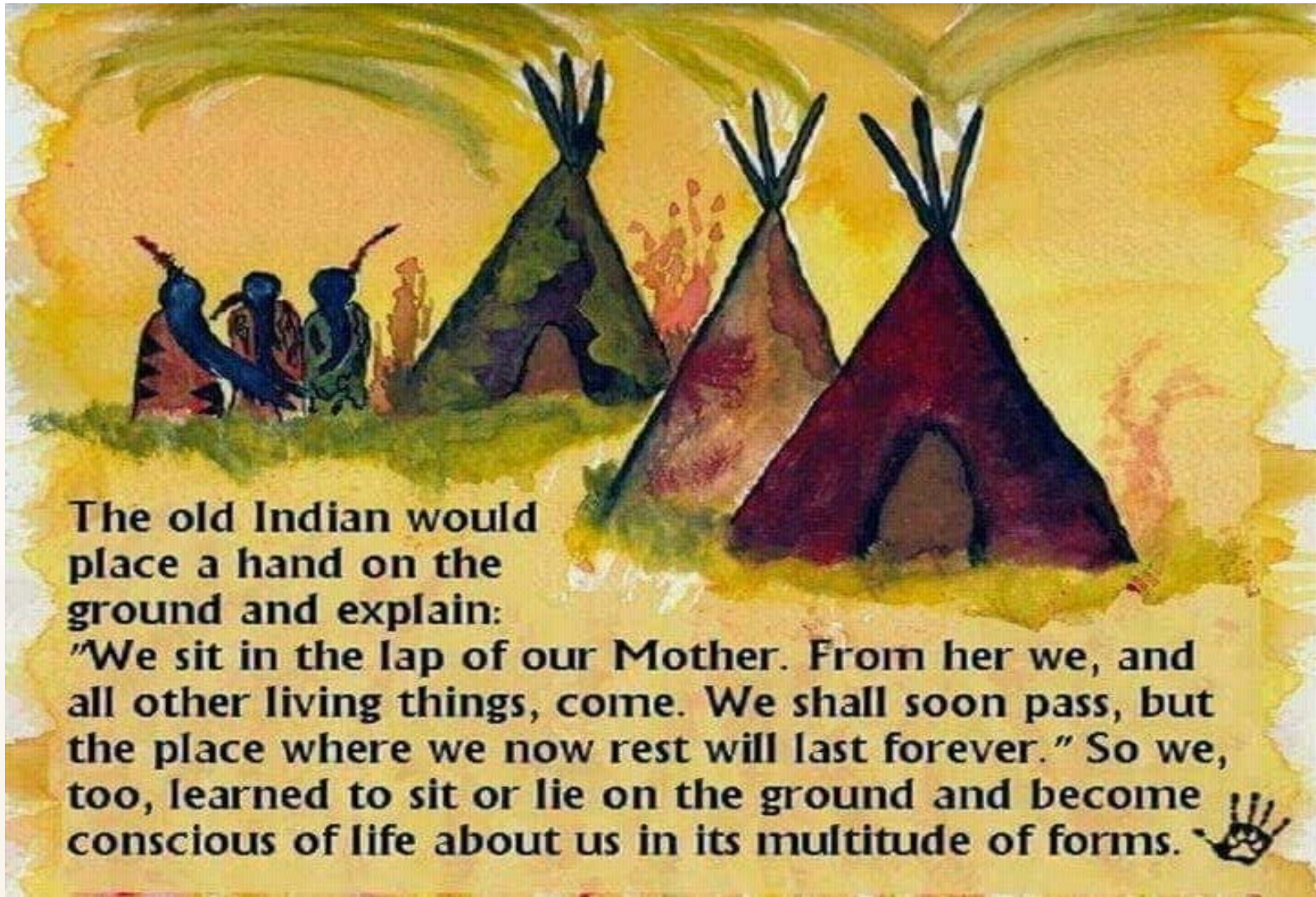




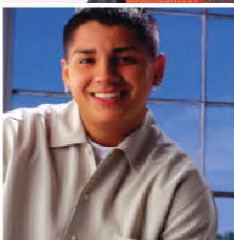
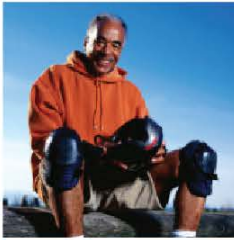
# Health Equity challenges in tribal communities, continued...

- ▶ Research has identified some key subjects to be covered in ***cultural competence training***:
  - knowledge of diversity, history, culture, and contemporary realities;
  - skills of communication and problem-solving;
  - values related to helper wellness and self-awareness, humility and willingness to learn, respect, open-mindedness, a nonjudgmental attitude, and social justice
  - When you work with one tribe, you work with one tribe. Each Tribe is unique, different, and a sovereign





The old Indian would place a hand on the ground and explain:  
"We sit in the lap of our Mother. From her we, and all other living things, come. We shall soon pass, but the place where we now rest will last forever." So we, too, learned to sit or lie on the ground and become conscious of life about us in its multitude of forms.



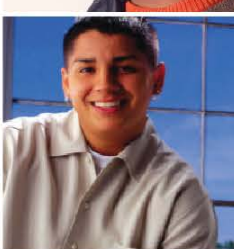
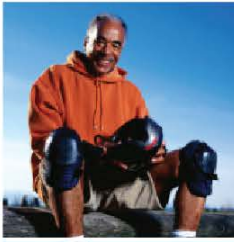
# Resources

## CC Training CURRICULUM MODULES (PDF)

- ▶ Creating a Cultural Competency Program
- ▶ Part 1: Gathering the Threads
- ▶ Part 2: Finding the Pattern
- ▶ Part 3: Selecting the Colors
- ▶ Part 4: The Unwoven Flaw
- ▶ OCAITHB Cultural Orientation Technical Assistance Manual Ver 01.2013
- ▶ Evaluation Form
- ▶ ‘Conducting Health Research with Native American Communities’, Editors: Teshia G. Arambula Solomom, PhD; Leslie L. Randall RN, MPH; American Public Health Association, 2014



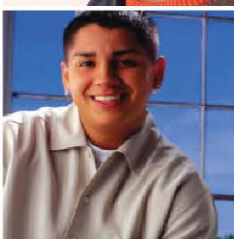
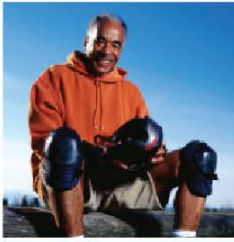
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# Questions and Discussion



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# Evaluation

**To fill out our survey,  
please click on the link below**

**<https://app.smartsheet.com/b/form/0d07f8fba1db47ffb5dea57dbe941bc6>**

**and submit your feedback regarding your  
experience with this webinar.**



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