Cultural Considerations in Vulnerable populations

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Diversity of Native Americans
- Over 570 federally recognized tribes in the United States
- Federal recognition is granted based on documentation
- Over 350 distinct dialects
- Innumerable traditions exist amongst tribes

Indian Health Service Areas

CDC Health Equity Guide

Limited Community Capacity/Resources
Variability in Health Literacy
Lack of Community Engagement/Awareness/Participation
Costs, Resources, and other Fiscal Considerations
Transportation Challenges
Potential Displacement Effects
Variability in Implementation
Crime/Safety Influences (real and perceived)
Lack of Awareness of Diverse Norms and Customs
www.cdc.gov/healthequityguide
Health Care for American Indians: California

- The State of California is home to 42 Indian health care clinics
- The State is home to 7 Urban Indian health clinics
- Many clinics offer some level of behavioral health programs and dental/medical services
- Many Indian Health Clinics in California rely on grant funding for provision of basic health care for tribal communities

Assessing Health Disparity in Native American/Alaskan Natives

- Assessing Disparity in AI/AN Populations is difficult
- Native American/Alaskan Native groups suffer severe health care gaps (Roubieux, 2004)
- Quality of health care is problematic due to diversity of health care sources
- Measuring health care is still in development

Barriers to Care

Multiple barriers include:
- Social
- Geographic
- Educational
- Institutional
- Financial

Culture and Medical Care

- Culture fundamentally influences how individuals make meaning out of illness, suffering, and dying, and therefore influences how they make use of medical services at the end of life.

Kaprus, Kiger & Kastelic, 2001
Cultural Misperceptions

• Misperceptions caused by lack of cultural sensitivity and skills can lead to unwanted or inappropriate clinical outcomes and poor interaction with patients and their families at the life end journey.
• If a family believes that knowing the truth is harmful to the patient, a physician who persists in telling them the “direct” truth may be perceived as cruel, uncaring, and ignorant.
• The result is mistrust and anger, and may even precipitate the removal of the patient from medical care altogether.

Tellez-Giron, 2007

“Cultural Negotiation”

• The multicultural medical encounter will have different languages, religious beliefs, and ways of understanding the treatment of illness
• Styles of communication and beliefs about the role of physician, patient, and family can vary
• The clinical encounter often requires a negotiation between the cultures of the clinician and the patient/family unit
• In the end, addressing and respecting cultural differences will lead to better clinical outcomes and more satisfactory care.

Kagawa-Singer & Blackhall, 2001

Health Literacy

Behavioral Health for American Indians

• Depression is common in urban and rural tribal communities
• Personal and community isolation is a common condition in tribal communities.
• Lack of adequate mental health services continues to plague urban and rural tribal communities.
• Indian Youth suffer one of the highest rates of suicide.
• 4 out of 5 Indian women are sexually, physically abused in their life, 3 out 5 Indian men suffer from abuse as well.
American Indian Health Disparities from the “Mind’s Eye”: Psychosocial Influences

- AI/AN documented disproportionate health disparity
- Historically comparable to other human tragedies
- Estimates of 9-12 million at first contact
- Post European contact estimates of 200,000
- Primary causes: warfare, genocide, infectious disease

Psychosocial Influences and Intergenerational Trauma

- Historical Trauma
- Boarding Schools
- Adverse Childhood Experience (ACE)
- Food Programs
- Adverse Adult experiences

Psychosocial Influences: Historical Trauma

- Over 400 years of historical trauma documented
- 90% decimation of the population
- Concept of a “Soul Wound”
- Comparison to other human tragedy
  - Holocaust
  - Japanese Internment
  - Turkish genocide of Armenians
- Study by Brave Heart (1999-2000) demonstrated Lakota “historical trauma response” similar to other human tragedy victims

Psychosocial Influences: AI Boarding Schools

- 1800s solution to the “Indian Problem”
- March 3, 1819, US Congress passed the Civilization Fund Act for “providing against the further decline” of “Indian tribes...for the teaching of their children in reading, writing, and arithmetic...” (Spring, 1994)
- Government officials “believed that if they carried out their educational program on a sufficiently large scale it would transmogrify whole tribal cultures and eventually assimilate Indians into the lower strata of American society (Hamley, 1994)
Psychosocial Influences: AI Boarding Schools
“Kill the Indian, Save the Man”
Carlisle School motto
(Prucha, 1978)

- Highest attendance was between 1890-1931 with 29% of all AI children in boarding schools in 1931 (Adams, 1995)
- Rations, annuities, and other goods withheld for non compliance in releasing children
- Richard Henry Pratt, founder of the Carlisle Indian School in Pennsylvania, “The solution of the Indian problem hinges upon the destruction of the present systems and in the devising of means that will disintegrate the tribes and bring them into association with the best of our civilization”
- Children were deprived on traditional parental models and as they grew up perpetuated the trauma of abuse inflicted upon them manifesting in guilt, shame, powerlessness, depression and suicide (Arbogast, 1995)

Psychosocial Influences: Adverse Childhood Experiences (ACEs)

- ACEs demonstrated a dose response between ACES and poor health outcomes related to chronic disease (Felitti et al., 1998)
- ACEs categories include abuse, household dysfunction, criminal behavior
- AI/AN children are at exceptionally high risk due to the high prevalence of alcohol/substance abuse, social dysfunction and criminal sanctions in these communities
- AI/AN children are at high risk for poor health outcomes later as adults

Psychosocial Influences: Food Programs

- Food programs (WIC/SNP) are a major staple in many AI households
- Poverty diverts AI households to use food programs
- “Commodity Food” is processed and not nutritionally optimum for populations at risk for DM/CAD
- Food program/formula supplements associated with lower breastfeeding

Inter-Generational Basis for Chronic Disease Disparities Among American Indians and Alaska Natives
References