

Traditional approaches to Cultural Health Literacy



Michigan Clinical Nursing Conference

Joseph V. Sowmick, Hon. Ph.D. and Susan Sowmick, R.N., B.S.N.

Topics for discussion ...

- Defining Cultural Health Literacy
- American Indians (Anishinaabe and Michigan Tribes)
- Examples of Treaties and Laws
- Historical Trauma (Intergenerational and Cultural)
- Indian Health Services
 - Snyder Act and Indian Health Care Improvement Act
 - Region V example
- Cost, Access, and Quality of Care
- Working with Native American patients
- Resources



**“We are
all part
of the
Circle”**

Cultural Health Literacy

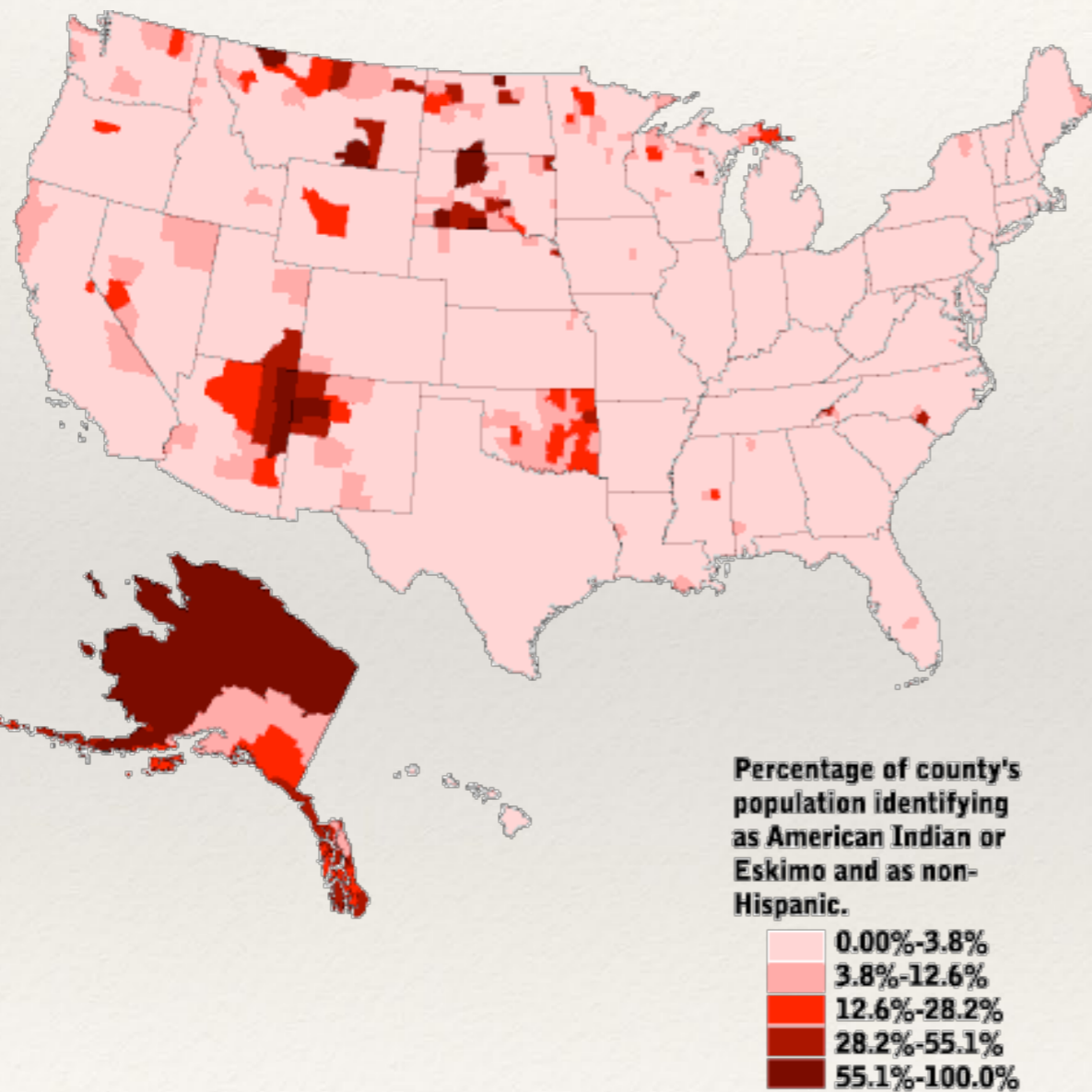
“The principal standard of Cultural Health Literacy is to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.” – CDC definition

“The culturally bound beliefs, values, and preferences a person holds influence how a person interprets healthcare messages. Knowing about a patient's language and culture is key for knowing how health literate the person is in a given situation.”

Understanding Cultural and Linguistic Barriers to Health Literacy
– Kate Singleton

Native Americans or American Indians?

- Who are Native Americans?
- Native American vs. American Indian
- Tribal Sovereignty
- 370 Ratified Treaties 1778-1871
- 573 Federally Recognized Tribes
- 2.9 million *2010 Census
5.6 million



Anishinaabe - the original people

THREE FIRES

Similar customs, traditions, teachings
Anishinaabemowin

OJIBWA

Chippewa
Keepers of History/Spirituality

ODAWA

Ottawa
Traders

BODAWADAMI

Potawatomi
Keepers of the Sacred Fire



The Twelve Federally Recognized Tribes in Michigan



Brimley, MI

BAY MILLS CHIPPEWA COMMUNITY

Manistee, MI

LITTLE RIVER BAND OF OTTAWA INDIANS

Baraga, MI

KEWEENAW BAY INDIAN COMMUNITY

Suttons Bay, MI

GRAND TRAVERSE BAY BAND OF OTTAWA AND CHIPPEWA INDIANS

Wilson, MI

HANNAHVILLE POTAWATOMI INDIAN COMMUNITY

Watersmeet, MI

LAC VIEUX DESERT BAND OF LAKE SUPERIOR CHIPPEWA INDIANS

Harbor Springs, MI

LITTLE TRAVERSE BAY BAND OF ODAWA INDIANS

Dorr, MI

MATCH-E-BE-NASH-SHE-WISH BAND OF POTAWATOMI INDIANS

Fulton, MI

NOTTAWASEPPI HURON BAND OF POTAWATOMI

Dowagiac, MI

POKAGON BAND OF POTAWATOMI INDIANS

Mount Pleasant, MI

SAGINAW CHIPPEWA INDIAN TRIBE

Sault Ste. Marie, MI

SAULT STE. MARIE TRIBE OF CHIPPEWA INDIANS

Intergenerational Historical Trauma Of the Native Americans

- Indian Boarding Schools
- Reservations
- Broken Treaties
- Adoption
- Healthcare
- Genocide



Laughter is good medicine!



Honoring, Healing and Remembering

“I know their lingering spirits feel the winds from the jingle dress dancers, along with the rest of us, as we all attempt to heal from one of the darkest times in American history. We can't heal from what we don't acknowledge and not keeping the boarding school era a secret is just the beginning.”

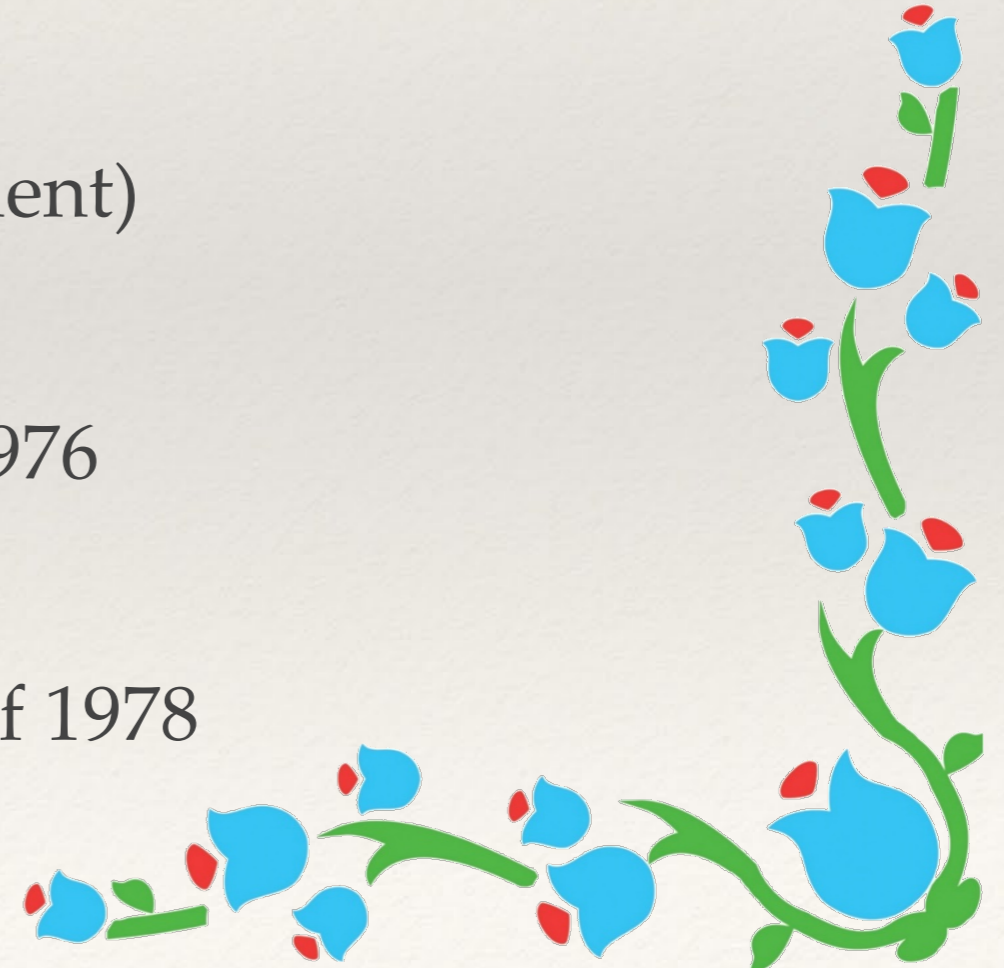
– Marcella Hadden, SCIT Tribal Historic Preservation Officer

“The Indian Boarding School Policies Era were intentionally genocidal and assimilative in their theft of culture, teachings, ceremonies, and language. For those that physically survived boarding school, those detrimental effects have been long lasting to today through intergenerational trauma. Due to that, we are experiencing alarming rates of substance abuse and addiction, poverty, health and mental health disparities, and the lack of economic development. We are #1 in too many bad categories.”

- Lacey Kinnart, National Native American Healing Coalition

Federal laws impacting Indian Country

- Snyder Act of 1921
- Indian Citizenship Act of 1924 (US Citizens)
- Indian Reorganization Act of 1934 (Allotment)
- Indian Health Care Improvement Act of 1976
- American Indian Religious Freedom Act of 1978



What is the importance of the Snyder Act of 1921?

In legislation commonly known as the Snyder Act, Congress authorizes funds for “the relief of distress and conservation of health” among American Indians. The act defines the government’s responsibility for American Indian health care and is one of several legislative reforms in the works to improve the living conditions for American Indians on reservations and in government boarding schools.

Snyder Act of 1921 provide the basis of health care for American Indians and Alaska Natives (AI/AN) pursuant to the treaty and trust obligations of the United States government. The IHClA was passed by Congress in 1976 to address the health status of AI/AIN, which ranked far below the general population.

Indian Health Care Improvement Act

- The Indian Health Care Improvement Act (IHCIA), the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives, was made permanent when President Obama signed the bill on March 23, 2010, as part of the Affordable Care Act.
- The authorization of appropriations for the IHCIA had expired in 2000, and while various versions of the bill were considered by Congress since then, the act now has no expiration date.
- Sovereignty: An Indian Tribe is a distinct political community. A Tribe retains its inherent powers of self-government absent action by Congress to limit those powers. A State cannot limit the powers of a Tribe and the source of Tribal powers rests in its people. Tribes have had the inherent right to govern themselves "from time immemorial"

Creation of Indian Health Service

This relationship, established in 1787, is based on Article I, Section 8 of the Constitution, and has been given form and substance by numerous treaties, laws, Supreme Court decisions, and Executive Orders.

The IHS is the principal federal health care provider and health advocate for Indian people, and its goal is to raise their health status to the highest possible level. The IHS provides a comprehensive health service delivery system for approximately 2.2 million American Indians and Alaska Natives who belong to 574 federally recognized tribes in 37 states. Nimkee is served under Region V Bemidji area.



IHS Human Resources statistics

Total IHS employees: 15,556 (71% are Native American)

Profession	Nurses	Physicians	Pharamcists	Dentist	Physician Assistants	Environmental Health and Sanitarians
Number of professionals by category	2,384	731	746	271	131	131

Facilities	Hospitals	Health Centers	Alaska Village Clinics	Health Stations
IHS	26*	55	N/A	21
Tribal	19	280	134	62

*Includes 5 critical access hospitals

Quality of care challenges

Indian Health Services (IHS) hospital administrators have reported significant, interrelated challenges that hinder the quality of care at their facilities.

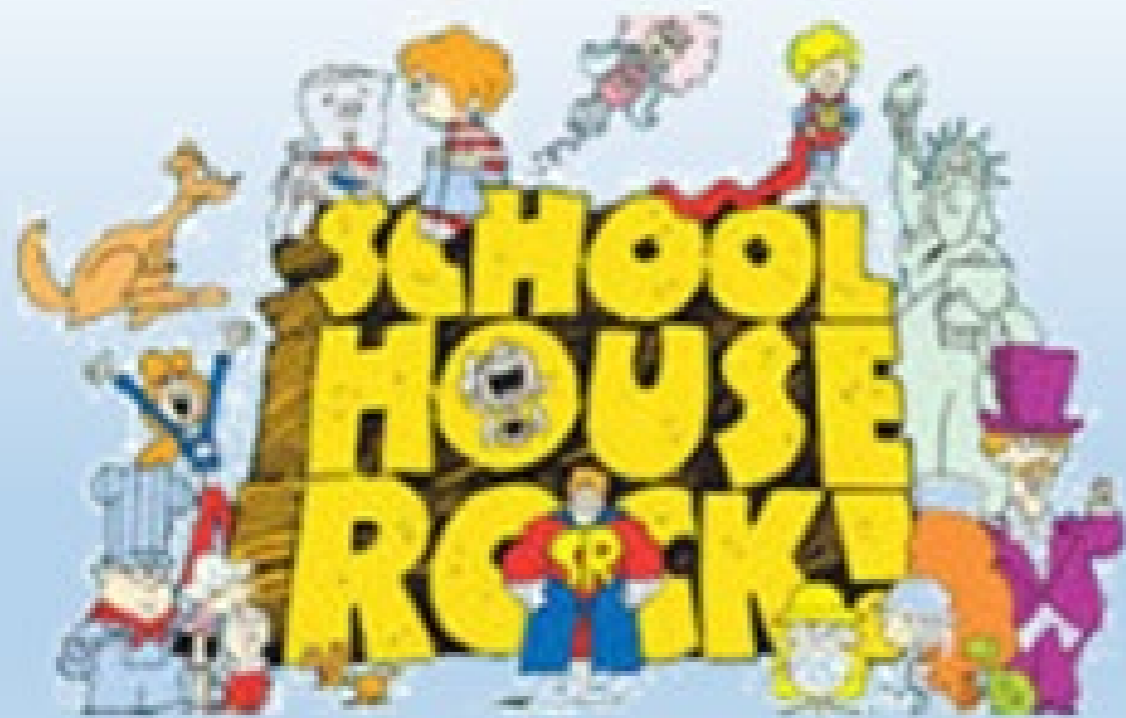
Challenges facing IHS hospitals include aging infrastructures. Major renovation projects at the two oldest IHS hospitals have not been conducted in nearly eight decades.

According to the IHS report, a majority of IHS hospital administrators "reported that old or inadequate physical environments challenged their ability to provide quality care."



A “blast from the past” ...

From “Melting Pot” to “Multiculturalism”



IHS Native Health statistics

- Approximately 57% of American Indians in the U.S. are provided health care services through IHS.
- The median age is 30.2
- Adequate water supply/waste disposal facilities are lacking in approx. 15% of Native American homes compared to the 1% U.S.
- 20.7% lack health insurance coverage
- Lower Life Expectancy
 - Inadequate education
 - Disproportionate poverty
 - Discrimination in the delivery of health services
 - Cultural differences

Native Health statistics (con't)

Native American life expectancy (65.2 years) is still about 11.2 years less than that for the U.S. general population (76.4 years). SCIT life expectancy estimated in 2025 at 56.4 years.

Death rates are significantly higher in many areas for American Indians compared to the U.S. general population

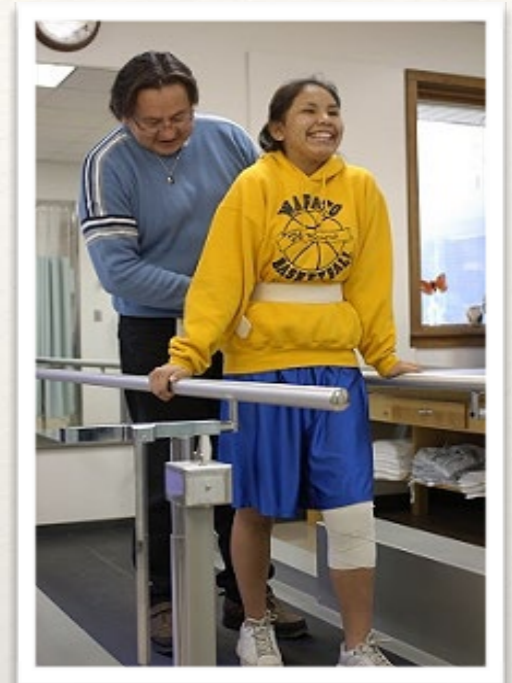
- Chronic liver disease and cirrhosis
- Diabetes
- Unintentional injuries
- Assault
- Intentional self-harm
- Suicide
- Influenza and Pneumonia

Progress in Native Health Care

Physical Rehabilitation Practitioners began to work in the IHS in the early 1960's.

Since that time audiology, occupational therapy, physical therapy, respiratory therapy and speech-language pathology within IHS and Tribal programs have continued to expand each year.

Fitness programs and access to SCIT facilities have improved (Nimkee, SCTC, Andahwod and Wii Maajikwad).



“Minodading” or speaking “the language of kindness”

Adapt your tone of voice, volume and speed of speech patterns to fit patient's communication style.

In many cases speech may be:

- Slower and softly with more expression
- Remember, English is a foreign language to indigenous speakers
- Learn to not interrupt and listen
- Let a story be finished
- Embrace the oral tradition of storytelling

Cultural Approaches to MAT

Western Medicine is strengthened through cultural approaches (Examples: Sacred Pipe, Sacred Fire, Eagle feathers, smudge, drum, shakers, jingle dress dancers, sweat lodge and fasting teachings)

Four Sacred Medicines

- ❖ Tobacco
- ❖ Sweetgrass
- ❖ Sage
- ❖ Cedar



Communication is the key

For many Native cultures, direct eye contact maybe considered rude and disrespectful

- Be familiar with community norms around eye contact; indirect gaze when speaking or listening is normal
- Be careful not to misinterpret lack of eye contact as a clinical sign (depression)
- Deep sense of humor about life
- Story telling is a teaching tool



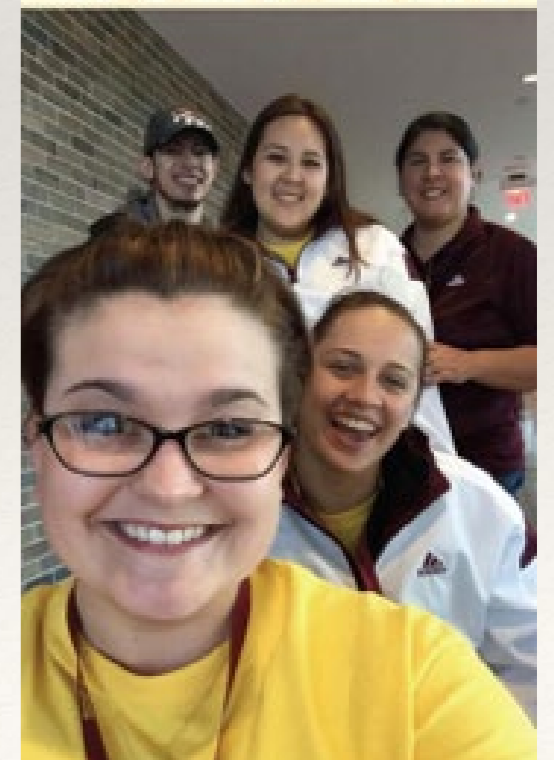
Seven Grandfather Teachings

- Honesty
- Truth
- Wisdom
- Bravery
- Love
- Respect
- Humility



Extended Family is Indigenous

- Include grandparents, aunts/uncles, cousins and many others.
- Commonly, one household families may include grandparents often raise grandchildren.
- Extended family included members of the community who may or may not be biologically related to a person.
- Sense of responsibility for providing for family (physical, mental, emotional & spiritual)
- Cooperation, sharing and humility
- Group harmony/ belonging to community
- Respect for Elders



Why is diversity important in medicine?

Promoting diversity in health care is critical because it offers several patient benefits.

These advantages include a reduction in care disparities, improved and optimized care delivery, and improved access to care.

Every workplace is diverse in every way with employees from various races, genders, age and ethnicities.

Health care professionals who embrace cultural diversity increase their marketability in the workplace.

Five points of cultural diversity in health care

- 1) A changing paradigm of cultural awareness.
- 2) Cultural knowledge.
- 3) Embracing cultural skills.
- 4) Looking for opportunities of cultural encounters.
- 5) Seeing the value of cultural desires.

Four Paths Toward Change

- 1) True change comes from within
- 2) There must be a vision
- 3) There must be a great teaching
- 4) There must be a “healing forest”

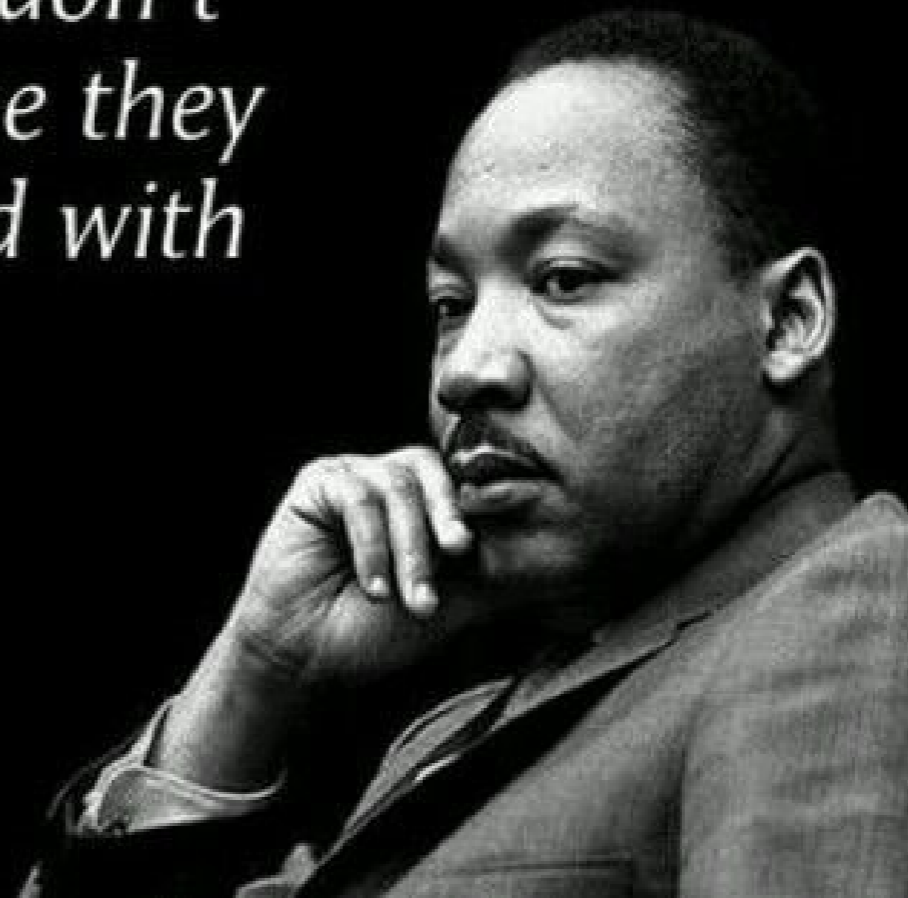
Culture is Prevention

The text "Culture is Prevention" is written in a bold, gold-colored font. Below the text is a decorative horizontal line featuring stylized floral and leaf motifs in a matching gold color.

A timely message from history ...

“People fail to get along because they fear each other; they fear each other because they don't know each other; they don't know each other because they have not communicated with each other.”

- Martin Luther King Jr

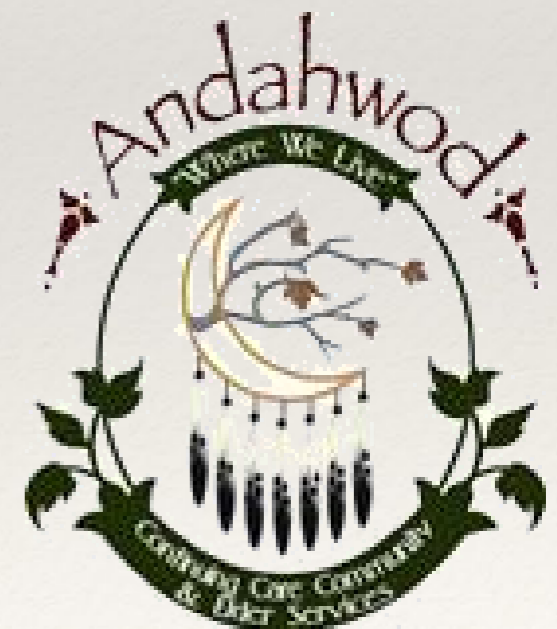


Current resources available in our community

- CMU Office of Indigenous Affairs
- The Ziibiwing Cultural Center
- Nimkee Health Clinic
- Behavioral Health
- Andahwod Senior Center
- Indian Health Services
www.ihs.gov



ZIIBIWING CENTER
of Anishinabe Culture & Lifeways



*Joseph V. Sowmick, Hon. Ph.D.
SCIT Public Relations Manager
jvsowmick@sagchip.org
website: www.sagchip.org*

Chi Miiigwetch!

*Susan Sowmick, R.N., B.S.N.
Nimkee Public Health Nurse
ssowmick@sagchip.org
website: www.sagchip.org*