



# Patient Care for American Indians

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liaison

# Disclosure

- I am not speaking on behalf of all American Indians. Our population is very diverse. Montana is one of the most diverse in regards to our American Indian population. Montana has 7 reservations and 12 tribes.
- I do not have any financials to disclose.



# Goals

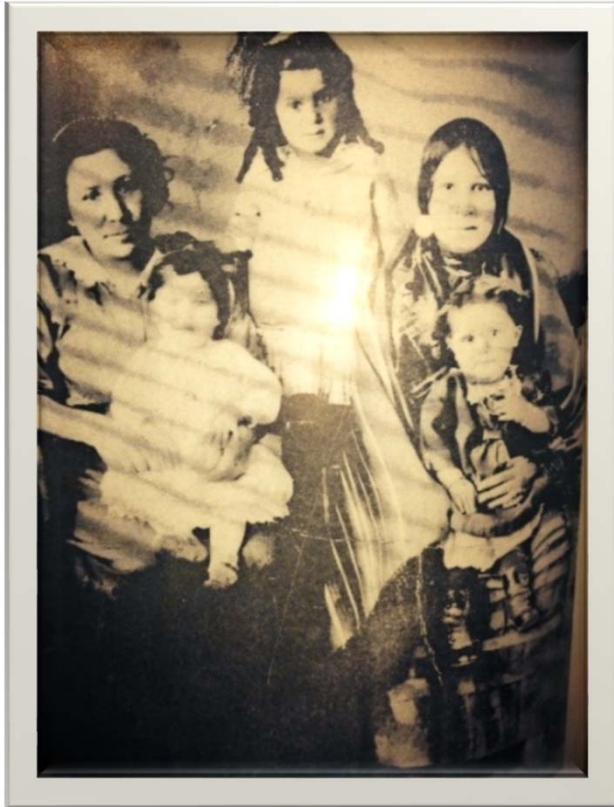
- To increase the effectiveness of patient care by the understanding the need and importance of cultural sensitivity.



# Objectives

- Define Cultural Sensitivity
- Define the need of cultural sensitivity
- Provide general description of American Indian patients
- Define Barriers
- Recommend solutions

# Introduction



# Cultural Sensitivity

- Respecting ones beliefs, values, culture, practices and differences.
- Culture is often described as the combination of a body of knowledge, a body of belief and a body of behavior. It involves a number of elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups. For the provider of health information or health care, these elements influence beliefs and belief systems surrounding health, healing, wellness, illness, disease, and delivery of health services. The concept of cultural respect has a positive effect on patient care delivery by enabling providers to deliver services that are respectful of and responsive to the health beliefs, practices and cultural and linguistic needs of diverse patients. (NIH, 2010)

# Why is Cultural Sensitivity Important

- Cultural respect is critical to reducing health disparities and improving access to high-quality health care, health care that is respectful of and responsive to the needs of diverse patients. When developed and implemented as a framework, cultural respect enables systems, agencies, and groups of professionals to function effectively to understand the needs of groups accessing health information and health care—or participating in research—in an inclusive partnership where the provider and the user of the information meet on common ground.  
(NIH,2010)

# History

## 1492-1800's

### 1492-1600

- Columbus arrived In America
- Settlers brought disease, conflict, trading, tools, and diversity

### 1600-1700

- Indian Wars
- Start of treaties

### 1800's

- Wars continued
- Indian Removal Act
- Massacres 1890 Wounded Knee
- 1876 Battle of Little Bighorn
- Boarding schools
- Home stead Act-opening northern plains to settlers
- Northern plains reservations established
- End of treaty Making

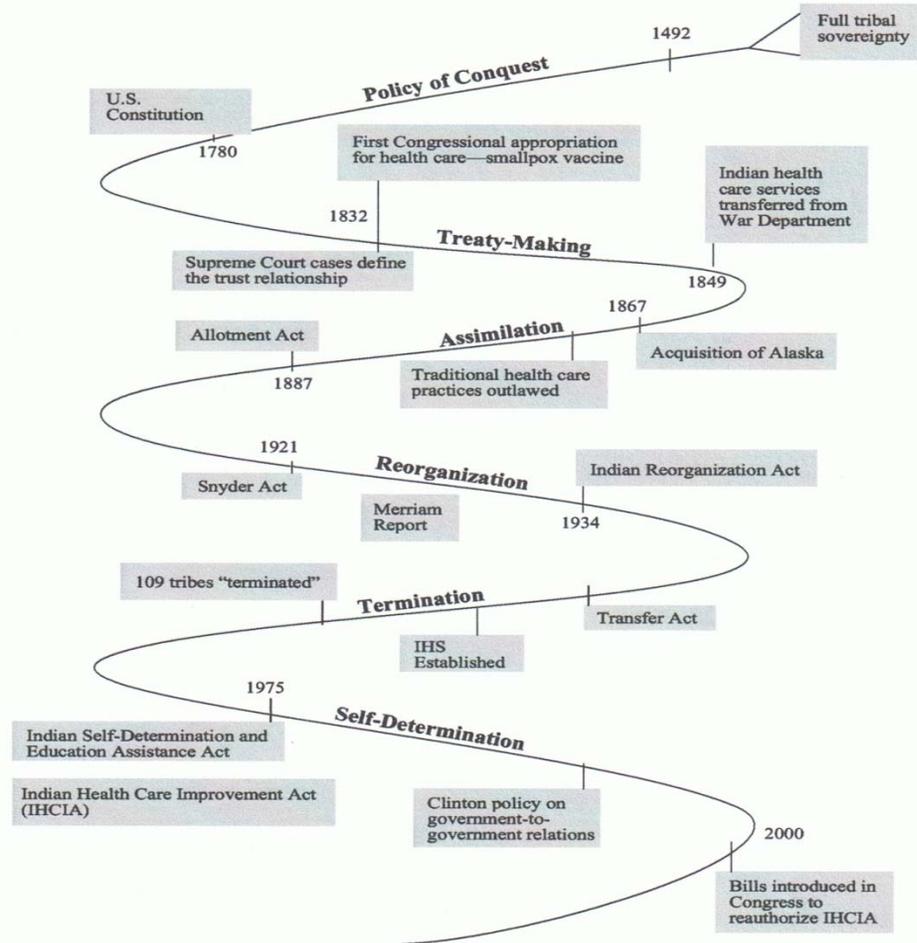
## 1900's-Present

### 1900's

- Allotment era
- 1924 Indian Citizenship Act
- 1934 Reorganization act
- 1954 Relocation Act
- 1955 Indian Health Service Est.
- 1969 American Indian Movement
- 1975 Self Determination Act
- 1979 American Indian Religious Freedom Act passed
- 1990 President George H.W Bush approved joint resolution designating November as National American Indian Heritage Month

**Present**

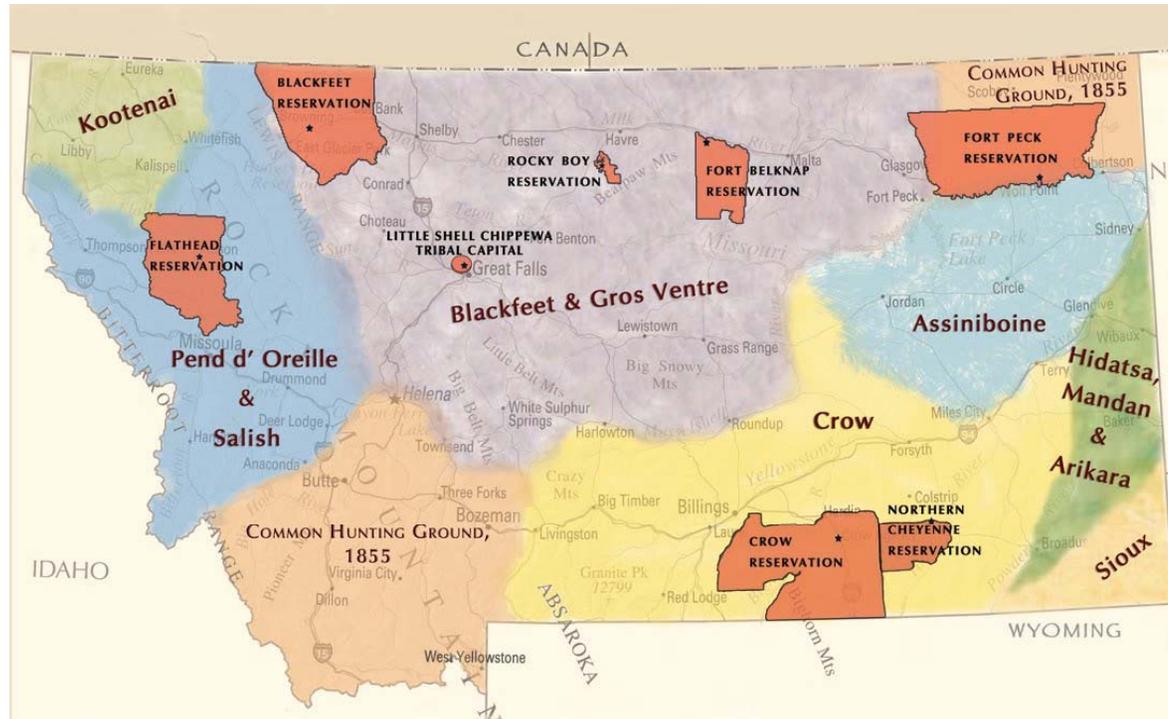
## Timeline of Major Legislative and Historical Events in Health Care for American Indians and Alaska Natives



# Indian Health Service

- **The Indian Health Service (IHS), an agency within the Department of Health and Human Services , is responsible for providing federal health services to American Indians and Alaska Natives.** The provision of health services to members of federally-recognized tribes grew out of the special government-to-government relationship between the federal government and Indian tribes. 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 1.9 million American Indians and Alaska Natives who belong to 566 federally recognized tribes in 35 states.

# Tribes of Montana



## Tribal Territories in Montana

Boundaries as defined by the Fort Laramie Treaty of 1851, and the Flathead and Blackfeet Treaties of 1855.

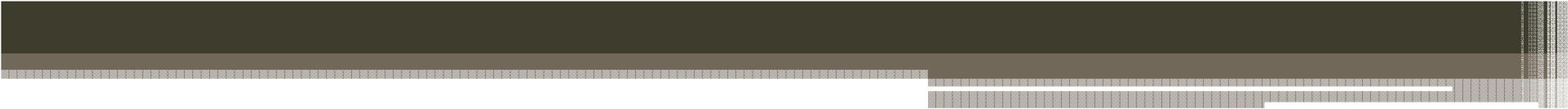
Reservations today shown in red. ★ Star indicates location of tribal capital.

### Names Tribes Call Themselves: A Key

<b>Salish</b> / Sqelio	<b>Blackfeet</b> / Niitsitapi (Pikuni)	<b>Gros Ventre</b> / A'aninin	<b>Northern Cheyenne</b> / Tsististas and So'taa'e'o
<b>Pend d'Oreille</b> / Qæisp`e	<b>Chippewa</b> (Ojibwe) / Annishinabe	<b>Assiniboine</b> / Nakoda	<b>Crow</b> / Apsaalooke
<b>Kootenai</b> / Ksanka	<b>Plains Cree</b> / Ne-i-yah-wahk	<b>Sioux</b> / Lakota, Dakota	<b>Little Shell Chippewa</b> / Annishinabe and Métis

### Reservation Lands in Montana, and American Indian Tribes based on those lands

<b>Blackfeet Reservation:</b> Blackfeet	<b>Crow Reservation:</b> Crow	<b>Flathead Reservation:</b> Salish, Pend d'Oreille, Kootenai
<b>Fort Belknap Reservation:</b> Gros Ventre and Assiniboine	<b>Fort Peck Reservation:</b> Assiniboine and Sioux	<b>Northern Cheyenne Reservation:</b> Northern Cheyenne
<b>Rocky Boy's Reservation:</b> Chippewa Cree	<b>Landless, but headquartered in Cascade County:</b> Little Shell Band of Chippewa	



# Your Organization

- Mission
- Vision
- Values
- Standards
- Culture



# Importance

- Understanding/Respecting your patient
  - Limitations
  - Resources/support systems
  - Access to care
  - Knowledge
  - Communication differences



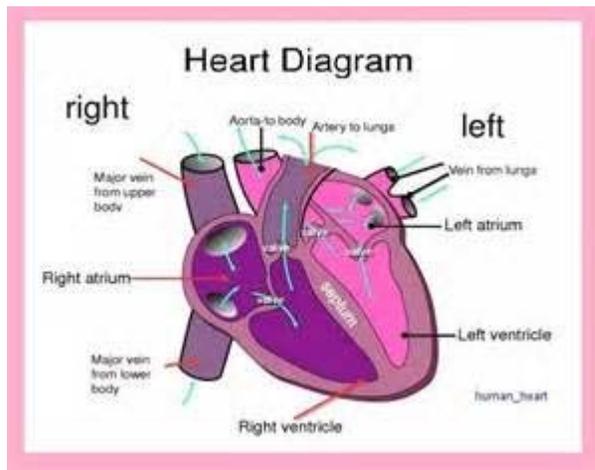
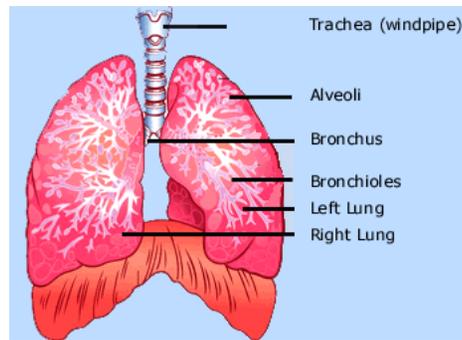
# American Indian Patient Characteristics

- Shy
- Apprehensive
- Fearful
- Lack of health literacy
- Family either very involved or not present
- Lack of trust
- time....

# Barriers

- Access to care
- Time
- Resources
- Family involvement
- Community involvement
- Holistic approach
- Communication
- Fear

# Diagrams and visual tools





# Recommendations/Solutions

- Knowing the community and the people with in that community
- Recognizing the difference
- Recognition of staff
- Increase trainings and education opportunities
- Incorporate trainings and teachings in regular staff meetings and newsletters.
- Frequent and consistent

# Resources

- [http://www.nihb.org/tribal\\_resources/indian\\_health\\_101.php](http://www.nihb.org/tribal_resources/indian_health_101.php)
- [http://www.ihs.gov/billings/index.cfm?module=bao\\_main](http://www.ihs.gov/billings/index.cfm?module=bao_main)
- [http://www.opi.mt.gov/Programs/IndianEd/IEFAResources.html#gpm1\\_2](http://www.opi.mt.gov/Programs/IndianEd/IEFAResources.html#gpm1_2)
- <http://www.nih.gov/>

# Questions





Thank you

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