

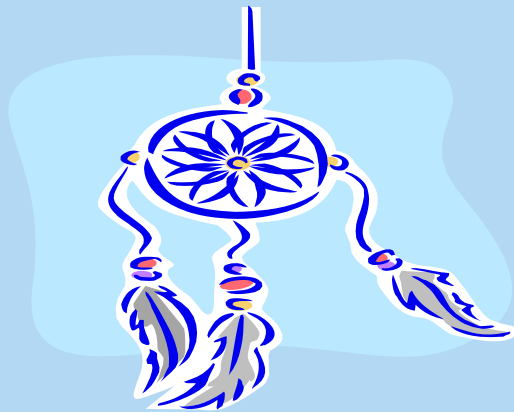
Cultural Competency: Serving American Indian Patients

First Time Motherhood/New Parent Initiative

**EDGECOMBE - HALIFAX – HERTFORD –
GATES - NASH - NORTHAMPTON**

Goal

- To increase the effectiveness of health care with American Indian patients by improving the cultural competency of health care providers



Objectives

- To define the need for cultural competency
- To provide a description of the American Indian population of North Carolina
- To identify barriers to treating AI patients
- To discuss effective outreach strategies
- To present information on maintaining a culturally competent staff

Why is Cultural Competency Important?

- Communicate medical information and treatment options more effectively to American Indian patients
- Tailor health care plan to American Indian patients
- Cultural and linguistic factors are incorporated into health care plan for American Indians

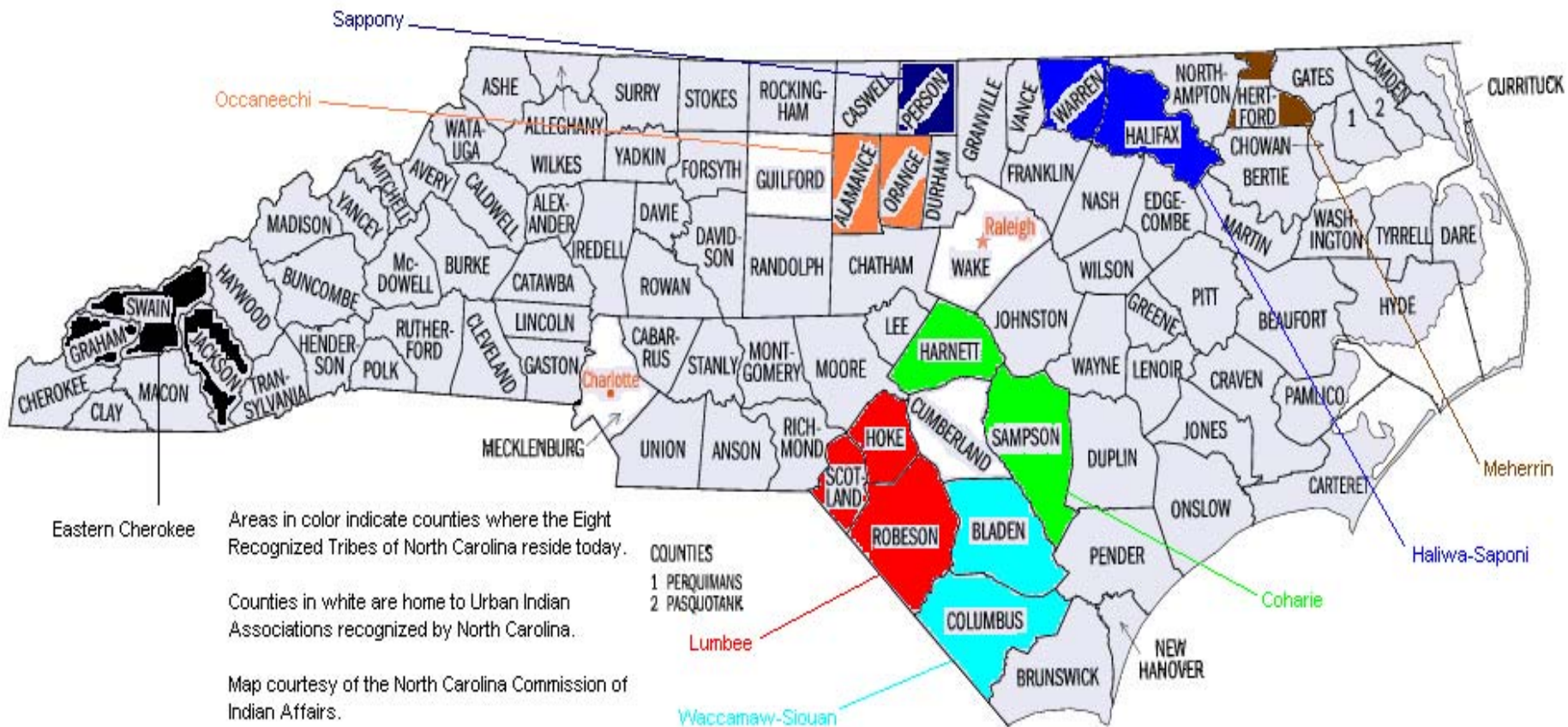
Why is Cultural Competency Important?

- Respect is shown for cultural values, beliefs and practices
- Family and community systems of support are recognized and utilized in treatment plan
- Health care organization is recognized as a place where American Indians can receive appropriate care
- Overall improved health care delivery

North Carolina's American Indian Population

- 131,736 NC residents (1.6% of the state's total population) identified as American Indian/Alaska Native alone or in combination with another race
- 99,541 identified as American Indian/Alaska Native alone

North Carolina's Tribal Communities



Eastern Cherokee

Areas in color indicate counties where the Eight Recognized Tribes of North Carolina reside today.

Counties in white are home to Urban Indian Associations recognized by North Carolina.

Map courtesy of the North Carolina Commission of Indian Affairs.

COUNTIES

- 1 PERQUIMANS
- 2 PASQUOTANK

Lumbee

Waccamaw-Siouan

North Carolina Tribes & Organizations

- Coharie
- Eastern Band of Cherokee
- Haliwa-Saponi
- Lumbee
- Meherrin
- Occaneechi
- Sappony
- Waccamaw-Siouan
- Cumberland County Association for Indian People
- Guilford Native American Association
- Metrolina Native American Association
- Triangle Native American Society

U.S. Census Data

- 30% of AI/AN in N.C. are under age 18
 - 25% of N.C.'s total population is under age 18
- 6% of AI/AN in N.C. are age 65 and older
 - 12% of N.C.'s total population is age 65 and older
- Median age AI/AN in N.C. is 30 years
 - Median age for N.C. total population is 35 years

U.S. Census Data

- 62% of AI/AN in N.C. have high school education or higher, compared to 78% of N.C.'s total population
- 10% of AI/AN in N.C. have a bachelor's degree or higher, compared to 22% of N.C.'s total population
- Median income for AI/AN in N.C. is \$30,390, compared to median income of N.C.'s total population of \$39,184
- Mean per capita income for AI/AN in N.C. is \$13,441, compared to median per capital income for N.C.'s total population of \$20,307

Poverty Rate

- 21% of all American Indian and Alaska Natives in North Carolina were living below the official poverty level compared to 12 % of the total state population

American Indian Maternal & Infant Health Disparities

- Highest rates of smoking during pregnancy
(1.8 times more likely than white women to smoke while pregnant)
- More likely to begin prenatal care AFTER the first trimester
(1.6 times more likely than white population)

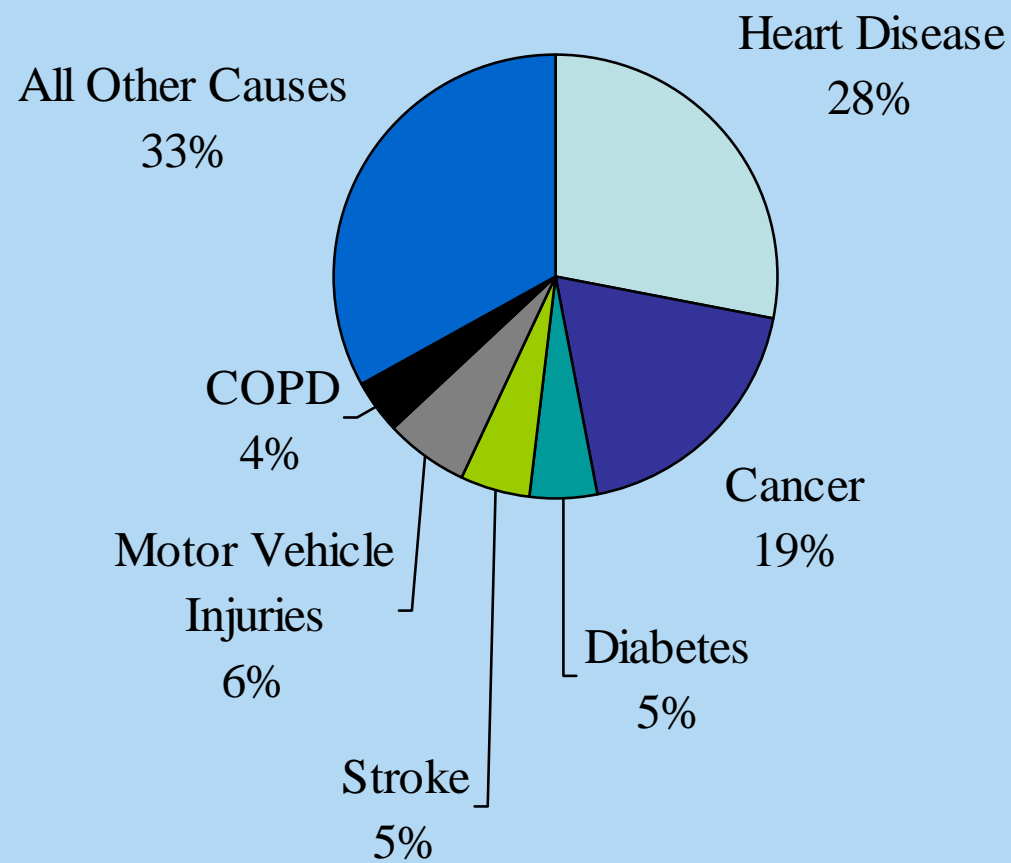
American Indian Maternal & Infant Health Disparities

- 2nd highest infant mortality rate (10.6 deaths per 1,000 births)
- 65.2% of American Indian pregnancies were unintended (2nd highest % by race)
- Highest rates of reported moderate or serious post-partum depression of all ethnic/racial groups in NC
- Highest rates of birth defects of all ethnic/racial groups in NC

American Indian Maternal & Infant Health Disparities

- American Indian children had the highest death rate of three racial groups (White, Black, American Indian)
- American Indian teen girls in N.C. had a pregnancy rate 53% higher than the rate for white teen girls

Indian Health Issues in North Carolina



Characteristics of American Indian Communities

- Close family relationships
- Identifiable communities
- Small community size
- Strong community support
- Community organizations
- Strong spiritual beliefs and close ties to area churches

Characteristics of American Indian Communities

- Leary of outside organizations (mistrust)
- Small community not open to outsiders
- Limited financial resources
- Lack of health insurance
- Educational factors

Understanding Customs

- It is important for all staff in service provider organizations to have some awareness of American Indian culture and Indian people
- Religious beliefs are important components of the Indian way of life and must be taken into consideration when providing health care services

Cultural Values

- **Health**

The body and soul are one; health is synonymous with the harmony of body and soul with nature.

- **Time**

Natural time regulates their activities with a now orientation.

- **Structure of Society**

Non-competitive; non-comparative

Comparison of Values

Indian Values

- Cooperation
- Group Emphasis
- Passive
- Informal Courtesy
- Religion = Way of Life
- Non-verbal
- Extended Family
- Holistic Problem-Solving

Non-Indian Values

- Competition
- Individual Emphasis
- Assertive
- Formal Politeness
- Religion = Segment of Life
- Verbal
- Nuclear Family
- Analytical Problem-Solving

American Indian Perspectives of Western Medicine

- “I go to the traditional healer because they talk to you and are honest. A lot of times when you see a doctor, they talk around you and you’re right there!”
- “You get treated differently at a private doctor than you do at a health clinic. Especially as a Native American.”
- “For American Indians, the community is a strong piece, where going outside, there is skepticism.”

Communication in Provider Clinics

- Maternal and child health information should be discussed sensitively and privately with American Indian women
- A negative comment can alter the willingness of an Indian woman to seek continued health care

Barriers to Health Care Access

- A lack of access to health care and cultural competency in provider health care settings often prevent Indian women from getting proper preconception, prenatal and postnatal healthcare
- Lack of insurance
- Shortage of health care professionals in areas where American Indians live
- Lack of a primary health care provider for routine health care services/medical care
- Lack of transportation to medical facility

Barriers to Health Care Access

- Health providers may be unaware of cultural differences in communication styles and ways of discussing pregnancy related health matters
- Low educational levels may impact comprehension of medical terminology
- Lack of knowledge regarding pregnancy prevention and proper use of contraceptives
- Lack of communication between sexually active young adults and parents
- Lack of cultural awareness and attitudes of providers may unconsciously affect their communication with Indian women

Effective Outreach Strategies

- Utilize eight state-recognized tribes and four urban Indian organizations
- Identify key stakeholders in each community to serve as liaisons

Incorporating Cultural Competency

Policy, Administration, and Practice

- Be cognizant of the American Indian community
- Recruit and hire American Indian staff
- Recruit American Indians to serve on advisory committees and agency Board of Directors
- Incorporate images of American Indians into training materials, marketing materials and other publications developed by agency
- Informational brochures should be sensitive to cultural identity

Incorporating Cultural Competency

Policy, Administration, and Practice

- Terminology used to convey health messages should be simple to read and understand
- Materials should not have wording or images that may cause fear or suspicion
- Support the collection of race and ethnicity data specific to American Indians
- Attend and participate in American Indian specific conferences and events
- Incorporate cultural competency into new staff orientation

Incorporating Cultural Competency

Policy, Administration, and Practice

- First impressions are important
- Health care provider attitude can impact whether an American Indian patient returns for continued health care
- Incorporate cultural competency into regular staff meetings
- Knowledge of culture will enhance recruitment efforts and effectiveness in providing health care
- Make cultural competency training a mandatory requirement for all staff

For More Information

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