




It's in the Stories We Tell You Providing Culturally Responsive Care


2023 Montana Diabetes Professional Conference, Great Falls, MT, October 20, 2023

Cherith Smith, PharmD, RPh, Pharmacist, Special Diabetes Program for Indians Coordinator-All Nations Health Center, Clinical Assistant Professor - University of Montana
Thomas McClure, BSc, Health and Human Performance, Director of Health Promotion, All Nations Health Center
Valene Talks Different, 2023 candidate BSc, Public and Community Health, Health Promotion Specialist, All Nations Health Center





History, federal policy, identity, and culture are integral to understanding the unique challenges facing Montana's indigenous patient population and how these factors impact their interactions with the healthcare system.



Over the course of this session, we will introduce the concepts of Cultural Humility, Cultural Safety, and Culturally Responsive Care to better prepare us, as individuals working with indigenous people, to better advocate for and support our tribal communities in accessing and navigating services and resources, thereby affecting change and improving outcomes.

Description

Objectives

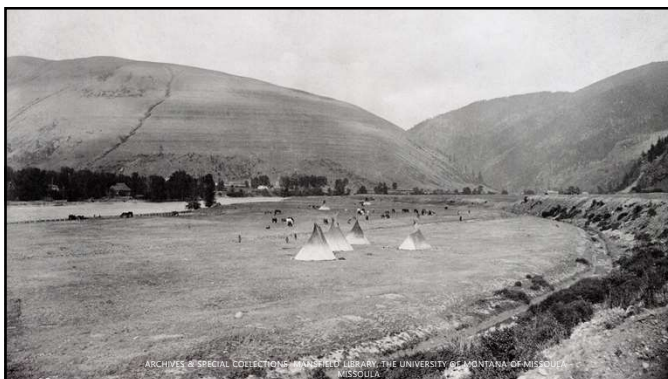
1. At the end of this session you will be able to define **Cultural Humility** and **Cultural Safety**.
2. At the end of this session you will be able to describe what **Culturally Responsive Care** is.

- Cherith Smith, Thomas McClure, and Valene Talks Different have no financial or nonfinancial conflicts of interest to disclose.

Disclosers


200X











"We are not a 'historically' underserved population. My history is one of ancestors who survived so I could thrive. My history didn't start with 'western civilization.' I am colonially underserved. I am institutionally underserved. And I am historically resilient."

Abigail Echo-Hawk
 Director, Urban Indian Health Institute
 Chief Research Officer at Seattle Indian Health Board



Diabetes within Montana Native Americans

Diabetes is prevalent within the rural native communities in Montana due to lack of access to healthy traditional foods.

Level of Burden

- Natives have the highest prevalence of type 2 diabetes among any other racial and ethnic group in the USA(1)
- Reservations can be considered food deserts
 - Living in remote, isolated areas(2)
 - Food supplies are scarce

Frequency

- The prevalence of diabetes in American-Indian adults in Montana was 12% in 1999 and 16% in 2001 (1)
- Food insecurity
 - Affects 1 in 4 Native Families(2)

Severity

- The prevalence of diabetes is two- to threefold higher in American Indians in Montana compared with the non-Indian population(1)
- Native Americans in rural communities face unique challenges to cultivating healthy diets
 - Limited infrastructure
 - Long distances to food outlets
 - Lower quality of foods
 - Less affordable foods(2)

Scope

- Natives in Montana are also experiencing the macrovascular complications of diabetes.
- Cardiovascular disease (CVD) is the leading cause of death in Montana's Indian community who are diagnosed with diabetes(1)
- Native American communities include the loss of tribal lands, shifting lifestyles from nomadic to settled, limitations on
 - Hunting
 - Fishing
 - Access to wild food collection
 - Endangerment of natural food sources(2)

About 64,000 Montana adults currently have diagnosed diabetes. (10)

Percent of People with Diabetes by Race, Montana 2019

American Indian/Alaska Native

White, Non-Hispanic

5.8%

14.9%

Diabetes Within Montana Native Americans

Today the state contains seven reservations, which encompass 9% of the land base (1). Montana's seven Indian reservations had very high poverty rates compared to the State as a whole (4).

Diabetes	Food Environments	Solutions
<ul style="list-style-type: none"> Risk factors for type 2 diabetes <ul style="list-style-type: none"> Overweight, obesity, and a family history of diabetes (3). Natives with diabetes were more likely to report cardiovascular disease (CVD), high blood pressure, high cholesterol, and overweight or obesity compared to Indians without diabetes. Mortality rates for diabetes among Natives in Montana were much higher in the past decade than the comparable rates for the state as a whole (1). 	<ul style="list-style-type: none"> The US' obstruction of Indigenous food systems has changed the trajectory of Native American food environments (2). Natives are more likely than the general US population to live in rural locations with limited food access in their food environment and experience low food security (2). Food disparities <ul style="list-style-type: none"> Long distances to food outlets Lower quality (2). High cost of fresh foods Excessive access to fast and processed foods (3) Lack of education on affordable cooking and food preparation for families with a limited budget. Loss of traditional foods and food-acquisition habits is a barrier to healthy eating. Inability to hunt, fish, and gather because of loss of land and excessive pollution or contamination of resources (3). 	<ul style="list-style-type: none"> Understanding food environments in Native American communities is key to restoring Indigenous food systems in the US and eliminating health disparities (3). There is importance of integrating traditional culture and values into health education programs for Native Americans Evidence suggests that nutrition education interventions are particularly effective when tailored to the needs of specific communities (2). Reclaiming traditional food systems are an important tribal food sovereignty practice meant to combat the adverse health consequences of adopting a typical American diet (2). Examples of Traditional foods <ul style="list-style-type: none"> Proteins (fish, game, acorns, walnuts) Beverages (unsweetened herbal teas, fruit infused water) Snacks (acorns, walnuts, popcorn.)

3/1/2024 SAMPLE FOOTER TEXT

Policy Name	Description
H.R.8531 - Food Deserts Act of 2020	<ul style="list-style-type: none"> To direct the Secretary of Agriculture to make grants to States to support the establishment and operation of grocery stores in underserved communities, and for other purposes. To carry out this Act \$150,000,000 for fiscal year 2020 (5).
H.R.2178 - Minority Diabetes Initiative Act	<ul style="list-style-type: none"> To amend the Public Health Service Act to authorize grants to public and nonprofit private health care providers to provide treatment for diabetes in minority communities. The grants have requirements such as; diabetes related treatment, appropriate cultural context, and outreach services Appropriated such sums as may be necessary for each of the fiscal years 2022 through 2027 (2).
H.R.2651 - Eliminating Disparities in Diabetes Prevention, Access, and Care Act of 2015	<ul style="list-style-type: none"> To amend the Public Health Service Act to prevent and treat diabetes, to promote and improve the care of individuals with diabetes, and to reduce health disparities, relating to diabetes, within racial and ethnic minority groups. The Director of NIH shall expand and support ongoing research and other activities with respect to prediabetes and diabetes, particularly type 2, in minority populations. The research conducted will be used to educate specific minority populations through culturally appropriate and linguistically appropriate information campaigns about prevention of, and managing, diabetes (3).

3/1/2024 SAMPLE FOOTER TEXT

Public Health Impact	Feasibility	Economic and Budgetary Impact
H.R.8531 - Food Deserts Act of 2020 High <small>Grocery stores in food deserts will benefit the community</small>	Low <small>Less likely to be enacted due to the long process of establishment</small>	Less Favorable <small>Expensive to establish new grocery stores</small>
H.R.2178 - Minority Diabetes Initiative Act High <small>Culturally competent outreach and treatment of Diabetes is effective</small>	Moderate <small>More likely to be enacted to provide funding for providers to treat</small>	More Favorable <small>Sums will be appropriated to provide the providers funding</small>
H.R.2651 - Eliminating Disparities in Diabetes Prevention, Access, and Care Act of 2015 High <small>Research and data are effective when it comes to prevention and treatment</small>	High <small>There is always funding for ongoing research to help improve Diabetes</small>	Favorable <small>Costs are lower to help fund research and activities relating to Diabetes in racial and ethnic populations</small>

3/1/2024 SAMPLE FOOTER TEXT

Contributing Factors for Health Disparity

- History & culture
- Geography & residence
- Health care access
- Underfunding
- Social determinants of health

Social determinants of health

- Economic and social conditions*
- Conditions people are born, grow, live, learn, play, work and age.*
- Money, power and resources at global, national, and local levels*
- Affect health risks and outcomes

Social Determinants of Health

What are social determinants of health?
 Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

SDOH can be grouped into 5 domains:

- Economic Stability
- Education Access and Quality
- Health Care Access and Quality
- Neighborhood and Built Environment
- Social and Community Context

Healthy People 2030. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed] from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Achieving Health Equity

- **Healthy People 2020:**
 "Health equity is attainment of the **highest** level of health for **all** people. Achieving health equity requires valuing everyone **equally** with focused and ongoing societal efforts to address **avoidable** inequalities, historical and contemporary injustices, and the **elimination** of health and healthcare **disparities**."

Office of Disease Prevention and Health Promotion. Healthy People 2020 Framework. Available at <https://www.healthypeople.gov/2020/about/healthy-people-development/healthy-people-2020-framework>. Accessed February 11, 2023.

Achieving Health Equity

- **Healthy People 2030:**
 "Achieving health and well-being requires **eliminating healthy disparities, achieving health equity, and attaining health literacy**."

Office of Disease Prevention and Health Promotion. Healthy People 2030 Framework. Available at <https://www.healthypeople.gov/2030/about/healthy-people-development/healthy-people-2030-framework>. Accessed February 11, 2023.

Health literacy

- **ACA 2010, Title V, definition:**
 "the degree to which an individual has the **capacity to obtain, communicate, process, and understand** basic health information and services to make appropriate health decisions."

Centers for Disease Control and Prevention. Health Literacy. Available at <https://www.cdc.gov/healthliteracy/about/index.html>. Accessed March 8, 2023.

Communication Counts

BANDWIDTH: energy or mental capacity to deal with a situation

- Data transmission
- Capacity
- Processing
- Time

Health Care Access and Use Among Urban American Indians and Alaska Natives

“Compared to urban NHWs, **more** urban AI/ANs had **not** talked with a health care professional in **a year or longer**, **fewer** urban AI/ANs had a usual place to go when sick and **more** urban AI/ANs had greater than one ER/ED visit in the past year.”

www.uhhi.org Health Care Access And Use Among Urban American Indians and Alaska Natives, November 2012.

Health Care Access and Use Among Urban American Indians and Alaska Natives

“Neither health insurance nor higher income in isolation improve access to care for urban AI/ANs...factors included: cultural differences, discrimination (whether intentional or not), perceptions of bias and mistrust and differences in beliefs and attitudes about health care”

www.uhhi.org Health Care Access And Use Among Urban American Indians and Alaska Natives, November 2012.

Adverse Childhood Experience & the CDC-Kaiser Permanente ACE Study

Mechanism by Which Adverse Childhood Experiences Influence Health and Well-being Throughout the Lifespan

Historical Trauma

"...the cumulative emotional and psychological wounding over one's lifetime and from generation to generation following loss of lives, land and vital aspects of culture."

—Dr. Maria Yellow Horse Brave Heart

Cultural Humility

Redefining our relationships between our individual roles and the people we serve through a model of:

- Learning
- Understanding
- Reflection

Prepares us, as individuals working with indigenous people, to better advocate for and support our tribal communities in accessing and navigating services and resources, thereby affecting change and improving outcomes.

Learn, Acknowledge, Understand



Mastering photo credit: Terrence Hesse & Jessica Brown, 2018/04/04, from the Flickr Indian Room. Photo courtesy of the South Center.

Who I think I am...
Who you think I am...
Who I tell you I am...

Our history shapes where we are today



Our stories shape our truth

No. 5-923.

U. S. INDIAN SERVICE,

{ School }
or { Agency, } 191

Permission is given
to be absent from the Reservation
for a period of days for the purpose of
visiting

Object of visit
On arrival will report to

Reported 191
(Superintendent.)

6-778

No.
....., 191

Permission to be absent for
..... days granted to
to visit

Food Distribution Programs on Indian Reservations





Five consecutive generations

6 Generations of Federal Food System Policies

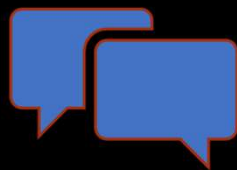


Owning Our Power - Indigenous Values

(Lakota/Blackfoot)

- FORTITUDE - WOWAČINTANKA / **likitapiyssi**
- GENEROSITY - WAČANTOGNAKA / **Aahsapssi**
- KINSHIP - WÓTAKUYE / **Aahkowitzapiyssi**
- PRAYER - WÓČEKIYA / **Aatsimoyihkaan**
- RESPECT - WAÓHOLA / **Inakootsiyssi**
- WISDOM - WÓKSAPE / **Mokakssi**
- COMPASSION - WÓWAUŃŠILA / **Kimmapiyipitssi**

Shifting our conversation from "disparity" to **RESILIENCY**



RESILIENCE



Embracing **RESILIENCY** strengths



DEFINING OUR COMMUNITY IDENTIFYING OUR RESOURCES CREATING A VISION

**Acknowledge,
Understand,
Reflect,
Learn, Apply**

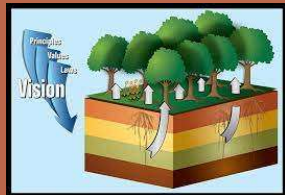
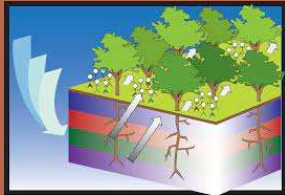


200X Presentation title 50

Moving forward

Cultural humility opens our awareness in seeing the strengths within the populations we serve. Cultural safety addresses the power imbalance, moves us to action, and empowers patient populations we serve thereby affecting change.

Creating a healing forest



The Red Road to Wellbriety, White Bison, Inc. <https://whitebison.org/>

Our vision...

- Programming through **empowerment**
- Acknowledge** the history and culture of our tribal communities
- Reconnect** strengths within our own people
- Recognize** physical connection to mental, spiritual, emotional, social, family, and environmental dimensions of wellness.

Beyond Health Disparities



Restoring Our Relationships Pilot Project:


- Based on **reconnecting** and **restoring** our **relationships** holistically to positively impact a recognition of one's own health status:
 - **Within ourselves** (physical, mental, spiritual)
 - **With others** (Socially)
 - **Culturally connected** (indigenous knowledge)
 - **Within our environments** (school, home, etc.)

Protective Factors: Culture **IS** Protection

- Categories positively associated with physical and mental health for adults with Type 2 Diabetes:
 - **Social Support**
 - **Cultural Connectedness**

Boeker TL, Etno JH, With ML. Examining protective and buffering associations between sociocultural factors and adverse childhood experiences among American Indian adults with type 2 diabetes: a quantitative, community-based participatory research approach. BMC Open. 2018;8(4):2261. doi: 10.1186/s12916-018-02265-5

Culture **IS** Prevention Protective Factors



- Categories positively linked to health & social outcomes for AI/AN youth:
 - Personal Wellness
 - Positive self-image
 - Self-efficacy
 - Familial and non-familial connectedness
 - Positive opportunities
 - Positive social norms
 - Cultural Connectedness

<https://www.semanticscholar.org/author/default/files/mc-cv1-4axk-34004949>

The transformation of programming began...

Universal Diabetes Related Education, Nutrition, & Physical Activity

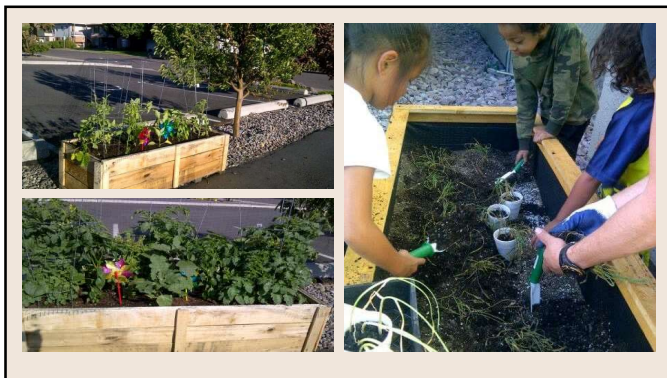
- Food Security & Food Sovereignty initiatives targeting the whole family

Utilizing interdisciplinary teams to include:

- Physical activity, nutrition education, behavioral health, and social wellness support with a culturally relevant emphasis

A focus for each season

- Spring
- Summer
- Fall
- Winter

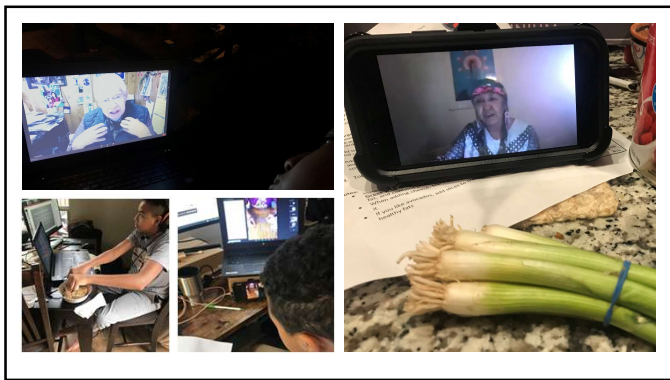




Chokecherry Events with University of Montana students



Raised Garden Beds at All Nations Clinic




Path to Walking Well

- In every season we see resiliency:
 - Community Bison Harvest, dry meat cutting, making pemmican
 - Sustainable Food Systems: Gardening, Mobile Markets, Grocery Store Tours, food preservation classes, traditional harvesting
 - Traditional foods at community gatherings, round dances & powwows
 - Group Telehealth Classes: incorporating traditional food knowledge, elders, recipes, gardening tips, with social, mental, behavioral wellness

Soup & Stories Series

<https://allnations.box.com/s/g2pi533vbeuicqz8lftftqw89fwa540j>



Restoring Our Relationships: Soup & Stories Wellness Series

Path to Wellbeing: Well + Social + Culture Program for Hoosiers
At National Health Center, Westfield, IN

Quentin Smith, Erica Ruben, Aari Douglas, and Stephanie...

2023 National Tribal Public Health Summit

HIGHLIGHTED BEST PRACTICE

TARGET GROUP

BACKGROUND

RESPONDING TO THE COVID-19

OBJECTIVES

DRIVE THROUGH CLIENT PICKUP

CLASS INTRODUCTION

SOUP & STORIES

OVERVIEW

AGENDA

LEARNING TOGETHER

ACKNOWLEDGEMENT

PROGRAM OUTCOMES



Creating Space for a New Story



Connecting. Rebuilding Trust.



Today



