

Cultural Competence with American Indian Clients: Workforce and Personal Development

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In order to provide culturally competent care to North Carolina's American Indian population, health care professionals must understand the influence of their own experience and perspective on their work. They must also take the time to learn the importance of history, land, and culture for their American Indian clients.

Introduction

When assessing the experiences of others, it is essential to understand one's own worldview and the culturally constructed view of health that determines each individual's perception of illness and choice of treatment. Fawcett notes that "everything that a person sees, hears, reads and experiences is filtered through the cognitive lens of some conceptual frame of reference" [1]. Conceptual models have been used to study human phenomena and to guide health practice and development of knowledge, skills, and ethics.

Like all groups, American Indians (AI) use a unique framework to experience and understand the world. While individual tribes and persons have varying perspectives, the AI worldview tends to center historical understanding [2, 3]; spirituality [3, 4, 6, 7]; connectedness to kin, community, and place [7-10]; and harmony [4, 7, 9]. American Indian researchers have developed a model that can be used by nurses and other health care providers to understand how to integrate the AI worldview into practice. The Conceptual Framework of Nursing in the Native American Culture (CFNNAC), the only such model found in the literature, can be used to provide an educational and practice framework for nurses and other health care professionals working with AI populations [4].

In the 2020 US Census, the AI population in North Carolina was 167,809, a 7% decrease from 2010 [11]. While this reduction in numbers may be related to the increase in North Carolinians who reported a multiracial background, it remains that the state has one of the largest tribes in the nation—the Lumbee. The health disparities in this population have been long-standing [12], and the health care professionals providing care to AIs are predominately non-Native [13]. It is critical that all health care providers in North Carolina understand the AI population in order to provide optimal care [14].

We are three AI women currently working in education. We teach nursing, American Indian studies, and social work. We are living in a predominantly AI community with a diverse student population. Our educational training is in nursing and social work with an emphasis on working with children and families. We are unique in our fields just because we are AIs, and we are privileged to work directly with AI students.

Nurses and social workers know we must understand and speak on behalf of all those we serve. Our professional organizations also know that the knowledge, skills, and values that undergird our work must be infused with cultural understanding. Since culture is the lens through which we understand our world, it is imperative that health care professionals are continuously involved in the work of becoming culturally sensitive and competent [15, 16].

Historical Perspectives and the Importance of the Land

North Carolina has eight state-recognized tribes, of which one is fully federally recognized (the Eastern Band of Cherokee Indians, EBCI) and one (the Lumbee Tribe of North Carolina, LTNC) has partial federal recognition. These tribes, whatever their status, are each historically unique. Today, North Carolina's eight state-recognized tribes retain a strong affinity for and are tied to the places and communities they call home [17]. Historically speaking, most tribes in North Carolina are a mixture of tribal communities that came together in the areas we now recognize as their tribal homelands. Beyond tribal communities, North Carolina has citizens from a variety of tribal heritages, with AIs from North Carolina tribes and numerous other tribes from across the United States and Canada living in every county of the state [11].

Many Americans do not understand the process of tribal recognition, whether at the federal or state level, and often express disbelief when AI people claim indigenous identity without full federal recognition, mistakenly believing this

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designation to be the determinant of who should be considered AI [16]. Instead, federal or state recognition is a legal status between governments, not recognition of personal or group identity. Many AI groups in North Carolina have experienced frequent changes in legal status, including being assigned different names as the legal status is changed or reviewed.

Many AI communities in the Eastern United States, including North Carolina, have maintained their homelands for centuries and welcomed members of other tribes and non-AIs to live within their historical communities. Family lineage and family organization are often complex in American Indian communities; people in the same extended family may have different tribal affiliations and live in different places.

Unfortunately, it is not uncommon for non-Native people to accuse AIs of some sort of identity fraud based on the status of their tribe or their individual phenotype, despite the fact that tribes with the longest-sustained history of contact are least likely to look like the AI stereotype so deeply ingrained in the collective imagination of the United States. These misconceptions fail to consider the sociocultural constructs of race first introduced by Du Bois more than 100 years ago [17].

Tribes' geographic location in the state is the result of hundreds of years of enslavement, removal, relocation, and exposure to disease; tribes in North Carolina were likely first introduced to European diseases through trade and direct contact starting in 1524.

Regardless of the degradation caused by colonization, land is still a critical issue for AIs, whether or not they live in their home communities. Land has always been tremendously important not only to AIs' livelihood, but also because the physical places of tribal communities signify identity.

Taken together, deprivation of land, historical trauma due to colonization and Jim Crow policies, and the sometimes-disparaging views of others regarding tribal recognition or individual phenotypes demonstrate the need and importance of culturally congruent care in North Carolina.

Culturally Congruent Care

The AI sense of wellness is more than just knowing a diagnosis or what therapy to use to address some ailment. Wellness encompasses the whole being: body, mind, spirit, and context. The Medicine Wheel provides a visual means of holistically organizing the worldview of AIs (Figure 1). Hodge, Limb, and Cross utilize specific definitions of body (exercise, sleep, nutrition, and recreation), mind (storytelling, reminiscing, remembering, and memorials), spirit (ceremonies, rituals, dreams, and prayer), as well as context (family, elders, culture, and traditions) to understand bal-

ance as a key to wellness [18]. Many tribes use the Medicine Wheel, some using a different ordering of color and some changing the colors, but all depict the circle of life and employ a discussion of the interconnectedness of the various drivers of health.

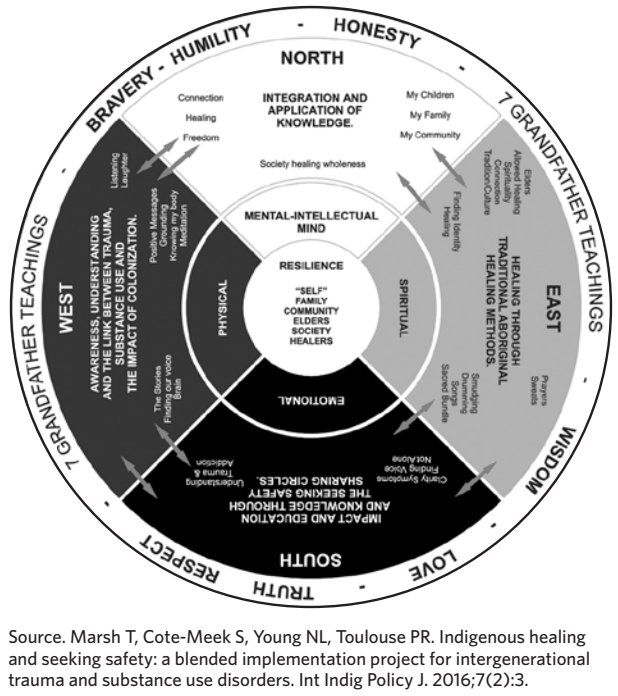
Communication is critical to understanding and connecting with the client.^a Knowledge regarding language and Indigenous dialect can provide a basis of trust when caring for AI clients. Identity is often entwined with language, syntax, order of words and speech patterns, and nonverbal cues such as facial expressions. Knowing who speaks first and to whom, the value of silence, and use of titles in a respectful manner are other important means of communication in AI cultures. Tribes, such as the EBCI, are at a critical stage of language preservation; EBCI is working to keep its language alive through an immersion school [19]. Other tribes, like the Lumbee, have a documented dialect that is rarely recognized as a language except by linguists [20]. In both cases it is important to understand that language serves as identity and comfort and thus can provide a basis for establishing culturally competent care.

It is also important to understand social organization within the tribe. Social organization determines gender roles, family goals and priorities, and health care decision-making [21]. A patient's primary caregiver may be someone outside the nuclear family, while the decision-maker may be a maternal grandmother. To gain trust and improve understanding, both of these people should be included in planning care. Regardless of health care location, care should take place within the context of family. An AI patient's definition of family may not match a traditional Western view of family [22]. Like most AI populations, North Carolina's tribes define family broadly and family is often the mechanism of identity when introducing oneself [23]. Ancestors who have passed on are part of an individual's thoughts, conversations, and actions as well [24]. Lumbees and other tribes may define family to include individuals not related by blood but through some other connectedness, friendship, and understanding [25]. Another critical element of understanding social organization and identity is knowledge of the relationship between multiple North Carolina tribes. Many AIs in North Carolina are descendants of multiple tribes; a detailed family health history may reveal complex family structures including several different tribes.

Time, unlike in Western societies, is not based on a linear view in AI cultures but includes a present orientation that includes the past, present, and future simultaneously. Since constructs of communication, social organization, and tribal and family dynamics are intertwined, different tribal groups place past, present, and future events at different levels of importance. This view of the construct of

^a We use the word "client" instead of "patient" because of the need to see the person as a full partner in the health care interaction, and as the decision-maker, stressing the importance of strong interpersonal connection in the client-provider relationship.

FIGURE 1.
Example of a Medicine Wheel



time must be taken into account when determining the type and delivery of care for clients of AI descent. For instance, in Native communities a planned event may have an advertised start time, but the event will not start until all critical community members are present. An example of understanding this aspect of the culture would be consulting with the person in the patient's social structure identified as the health care decision-maker to schedule appropriate times for health care appointments.

Process of Culturally Appropriate Care

The constructs discussed here can help health care professionals understand the process of caring for AI clients; however, this is only an initial process. To fully develop culturally appropriate care, health care professionals must continuously evaluate the care they provide through self-reflection, intentional engagement, and continuous refinement of understanding.

Self-Reflection

Each person is a cultural being whose life experiences directly impact understanding of caring, health care decision-making, and health care behaviors. Self-awareness is the process in which a person examines the impact of their own beliefs, values, ethics, bias, and lived experiences on provider-client interactions.

Self-reflection begins with focusing inward; individuals and agencies may also choose to use a tool designed to bring self-awareness [26, 27]. While we have used published tools, we have also used a more open process, such as

journeying, storytelling, or interviewing. The process should engage the individual in considering their experiences and beliefs and gaining insight about all aspects of practice, including one's thoughts, emotions, decisions, and behaviors. The second step in reflection is a process of analyzing and evaluating the experience or response and developing a plan for future engagements.

Intentional Engagement

Intentional engagement may be done through researching relevant studies and information about tribal history; visiting significant community sites (museums, schools, community centers, churches, graveyards, lands, and bodies of water); talking with key community members as defined by the community; listening to stories; and being open to hearing about the events that have shaped the culture and beliefs of the community. It can also be helpful to visit gatherings and immerse yourself in key events such as cultural celebrations, pow wows, church homecomings, and local food establishments. A hallmark of acceptance into the community is when individuals outside the culture are invited to participate in intimate or closed-to-the-public events (e.g., ceremonies, family meals, celebrations, funerals).

Evaluate Care Within the Concepts of Culture

Ask the question: "Do I understand what is important to the individuals under my care?" Since goals for care will be based on the values of the individuals you serve, benchmarks should be set by those individuals, not the organization or provider [24]. Using toolkits that are culturally competent could be a starting point for understanding the specific health values and beliefs of diverse individuals, families, and communities. This understanding leads to developing goals that meet the health outcomes and desires of unique populations. Professional goals are not always in alignment with a tribal member's definition of health and well-being; tribe-specific indicators of health, if available, should be the starting point with any new AI patient. While every tribal community has its own health values, beliefs, and goals, it is understood that health professionals also have goals and standards that must be maintained.

Continuously Refine Your Understanding

Self-awareness and active reflection must be an intentional and ongoing process that is refined over time [24]. The continuous refinement of self and cultural understanding should include reflecting on one's caring, confidence, commitment, competence, compassion, and conscientiousness [26, 27]. It may be impossible to find one approach to completing this process, however, the desire and intentional act of reflection helps in achieving cultural sensitivity, which can ultimately lead to cultural competence. One tool that may help with this is the National CLAS Standards offered by the US Department of Health and Human Services Office of Minority Health [28].

Conclusion

In order for health care professionals in North Carolina to become culturally competent in their care of AIs, it is crucial that those in positions of power and authority understand the influence of culture, tribal identity, health values, beliefs, and practices on health outcomes. One must be willing to bridge his or her understanding of their own culture and that of the individuals they serve. Health care professionals and providers must be willing to partner with tribal healers [29], and understand the historical trauma and vulnerabilities of AIs as individuals and as tribes. Self-awareness, reflection, intentional engagement, and evaluation of practice are small but mighty steps toward cultural competence and sensitivity. Demonstrating a willingness to use these constructs of care serves to open doors of trust in both Native and non-Native communities. NCMJ

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