

American Indians in Minnesota

Increasing the cultural competence of health care providers serving diverse populations

In order to provide equitable and effective health care, clinicians need to be able to function effectively within the context of the cultural beliefs, behaviors, and needs of consumers and their communities. According to the 2002 Institute of Medicine report *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, racial and ethnic minorities tend to receive lower quality health care than non-minorities even when access to insurance and income is accounted for. Failing to support and foster culturally competent health care for racial and ethnic minorities can increase costs for individuals and society through increased hospitalizations and complications.

The 2010 U.S. Census recorded approximately 2,932,248 American Indian/Alaska Natives in the nation, .09 percent of the total population. This number reflects an 18.4 percent increase in this population since 2000.

American Indians in Minnesota number 60,916, or 1.1 percent of Minnesota's total population, up 10.8 percent since the 2000 census. This number can be compared to the state's white population, 4,524,062, or 85.3 percent of Minnesota's total population, which increased 2.8 percent since 2000.¹

Minnesota's American-Indian population is projected to increase to nearly 63,700 by 2035, with the largest populations living in the Twin Cities area (17,650), the Headwaters (13,720), Beltrami County (10,750), and the Arrowhead (9,110). This population will see a slower growth rate than other minority groups, with an increase of only 13 percent projected between 2005 and 2035 and declining populations projected for Hennepin and Ramsey counties. The average age of American Indians in Minnesota is expected to become older, with the under 15 age group projected to fall considerably.²

The two largest groups of American Indians in Minnesota are the Anishinabe, meaning "first men," and the Dakota, meaning "friends." The Anishinabe are the third largest American-Indian tribe in North America and were originally located around the Great Lakes region, primarily in the Lake Superior area. Anishinabe are often referred to as Ojibwe or Chippewa. They accept the name Ojibwe, but dislike Chippewa.

The Dakota Nation includes native peoples who once lived in northern Minnesota in the forests and along the Mississippi River. In the Dakota language, Minnesota means



Stratis Health is a nonprofit organization that leads collaboration and innovation in health care quality and safety, and serves as a trusted expert in facilitating improvement for people and communities.

Stratis Health works with the health care community as a quality improvement expert, educational consultant, convenor, facilitator, and data resource.

The top 10 causes of death in the American-Indian population are heart disease, cancer, injuries, diabetes, chronic liver disease, chronic respiratory disease, stroke, suicide, nephritis, and influenza/pneumonia.

“waters that reflect the sky.” When the Dakota Nation divided into three groups—the Dakota, Nakota, and Lakota—each group moved into different areas of the upper midwest.

The following cultural patterns may represent many American Indians, but do not represent all people in a community. According to the University of California School of Nursing, in *Culture and Clinical Care*, many aspects of American-Indian culture today reflect the culture of the general U.S. population.^{3,4}

Social Structure. The American-Indian concept of family includes immediate and extended family members, as well as community and tribal members. Women are the traditional care givers and grandparents help counsel and care for their grandchildren. Children are expected to respect and care for their elders and take pride in their culture. At powwows, elders are given special seating areas and are served meals first. American Indians encourage education with an emphasis on its unique cultural legacies. Younger people often leave home to become educated, then return to help their families and tribes.

Diet. The traditional diet of American Indians was nutritious and low in fat, but today a typical diet is similar to that of the general U.S. population. It is often poor quality, salty, sugary, and high in fat, and lacks sufficient fruit, vegetables, grains, and dairy products. American Indians are more likely to report not having enough to eat than other U.S. households. Traditionally, American Indians ate wild game and gathered wild rice, berries, acorns, and leaves and twigs for teas. They planted potatoes, corn, squash, and turnips, and made maple syrup. Fish was cooked over a fire, then dried, salted, or frozen in the snow to preserve.

Religion. Spirituality is central to the identity of the American Indian. People and nature are interconnected. Every animate and inanimate form of life has a spirit and is sacred. For example, water is viewed as a sacred, life-sustaining source. The head and hair are considered particularly sacred. Respecting and nurturing life and spirits is core to American Indian spirituality. That relationship is nurtured through prayer and a purification ritual in a sweat lodge. Sage and sweet grass are burned, and a ceremonial tobacco is smoked for cleansing, blessings, and healing. Drumming, dancing, and singing also are associated with healing.

American Indians have endured decades of assimilation policies designed to strip them of their identity and integrate them into dominant society. Many who grew up in the early and mid 1900s describe a feeling of shame in their heritage, partly due to laws forbidding the practice of traditional religious ceremonies until the American Indian Religious Freedom Act was passed in 1978. Today, many American Indians are Christians or practice no religion.^{3,4}

Medical Care. American Indian tribes exist as sovereign entities, but federally recognized tribes are entitled to health and educational services. Yet, because more than half of this population does not permanently live on a reservation, many have limited or no access to services. Geographic isolation, economic factors and culture pose barriers to improving American Indian health and health care.

According to the Centers for Disease Control and Prevention, the top 10 causes of death in the American Indian population are:

- + heart disease
- + cancer
- + injuries
- + diabetes
- + chronic liver disease
- + chronic respiratory disease
- + stroke
- + suicide
- + nephritis
- + influenza and pneumonia

Obesity, smoking, and alcohol abuse in this population are related to many of these diseases.

Among racial and ethnic groups, smoking is highest among American Indians (32 percent). Because their lands are sovereign nations, American Indians are not subject to taxes or to laws prohibiting the sale and promotion of tobacco to minors. Chronic cigarette smoking and use of spit tobacco has increased this population’s risk of developing tobacco-related health problems, such as heart disease, cancer, and stroke.^{5,6,7}

Because health is related to spirituality in American Indian culture, sickness may be viewed as a result of disharmony between the sources of life. A patient may seek treatment from a local clinic and from a medicine man to address the disharmony that caused the illness. The medicine man has the power to heal through his relationship with spiritual beings. He is chosen by the spirits and comes from a specific family lineage. He cannot deny a request for treatment and never charges for his services. American Indian patients may be reluctant to discuss these practices with a clinician.

American Indians often avoid direct eye contact out of respect or out of concern for soul loss. Time and silence are used to prepare, to listen, to maintain harmony, and to be non-confrontational. American Indians have been taught to resist expression of pain. They may, instead, report feeling uncomfortable or may use storytelling to describe symptoms, such as describing a neighbor's experience. Be aware that patients may occasionally be late or miss appointments because of a different perception of time. For American Indians, time is traditionally cyclical and present-oriented compared to the Western perception of linear, future-oriented time.^{3,4}

Death and Dying. Immediate and extended family members should be informed of an impending death. A family-centered approach is advised for conveying serious medical information and explaining issues such as autopsy and organ donation. The entire family may be involved in making decisions and signing documents. Due to the misuse of signed documents throughout the history of the American Indian, some patients and families may be unwilling to sign informed consents, advance directives, and power of attorney forms. Honoring ancestors is especially important in this culture. Several American Indian nations across the U.S. are currently attempting to retrieve the remains of ancestors that have been inappropriately unearthed so they can be properly reburied.^{3,4}

Sources:

¹2010 U.S. Census, <http://2010.census.gov/2010census/popmap/ipmtext.php?fl=27>; <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>, viewed December 12, 2011

²Minnesota Demographic Center, <http://www.demography.state.mn.us/documents/MinnesotaPopulationProjectionsbyRaceandHispanic-Origin2005to2035.pdf>, viewed December 12, 2011

³EMuseum, Minnesota State University Mankato, viewed June 2007

⁴*Culture and Clinical Care*, UCSF Nursing Press, University of California School of Nursing, San Francisco, CA, 2005

⁵Centers for Disease Control and Prevention, <http://www.cdc.gov/omhd/populations/AIAN/AIAN.htm>, viewed December 12, 2011

⁶Nutrition and Well Being A to Z, <http://www.faqs.org/nutrition/index.html>, viewed July 2009

⁷Minnesota Department of Health, <http://www.health.state.mn.us/divs/chs/POC/POCSpring2009.pdf>, viewed June 2009

Stratis Health has a long record of success in reducing health disparities among communities of color and underserved populations. Our efforts to reduce health disparities include increasing the cultural competence and effectiveness of providers serving culturally diverse populations, improving health literacy in the community, and working with specific populations on targeted clinical conditions.

Culture is essential in assessing a person's health and well-being. Understanding a patient's practice of cultural norms can allow providers to quickly build rapport and ensure effective patient-provider communication. Efforts to reduce health disparities must be holistic, addressing the physical, emotional, and spiritual health of individuals and families. Also important is making connections with community members and recognizing conditions in the community. Get to know your patients on an individual level. Not all patients from diverse populations conform to commonly known culture-specific behaviors, beliefs, and actions. Generalizations in this material may not apply to your patients.

WWW.CULTURECARECONNECTION.ORG

Culture Care Connection is an online learning and resource center dedicated to supporting Minnesota's health care organizations in their ongoing efforts to provide culturally competent care. Funding to support Culture Care Connection has been provided by UCare.

Contact us for assistance with your quality improvement and patient safety needs related to reducing health care disparities.



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(01/12)