

WORKING WITH TRIBAL AND DIVERSE COMMUNITIES



CULTURAL AWARENESS GUIDE



TRIBAL HEALTH

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INTRODUCTION

It is the intention of this guide to increase awareness as we work with various Tribal communities and many diverse teams. As a diverse team ourselves, we at Tribal Health seek to understand cultural differences in efforts to receive everyone with respect and celebrating each other's cultures.



LAND ACKNOWLEDGMENT

Tribal Health acknowledges, with respect, that its Scottsdale headquarters are within the ancestral homelands of the Native American tribes that have sustained immemorial connections to its land, including the O'Odham (Pima) and Piipaash (Maricopa) people, the Salt River Pima-Maricopa Indian Community.

Tribal Health is committed to taking intentional action and building authentic relationships with Tribes and Indigenous communities to move toward justice and sovereignty within healthcare.

WHAT WE DO

Tribal Health is the leader in Indigenous healthcare. Led by Board-certified physicians and Native American clinicians, Tribal Health connects Tribal and Indian Health Service (IHS) facilities to culturally sensitive medical expertise and high-quality, private healthcare models. Our services include emergency room management, onsite critical care training deployments, and medical and behavioral care across every clinical discipline and specialty. After assessing each facility's clinical goals, we implement systemic improvements to align facilities with national standards for care; we also work within Indigenous communities to strengthen the areas we serve, from creating mobile vaccination units to offering mentorship and training for Native students interested in healthcare careers. Our goal: to create a profound and lasting impact in Indian Country at patient, facility, and community levels.



Indigenous communities are living through a healthcare crisis that is fueled by generational trauma, high rates of chronic disease, and underfunding. It is Tribal Health's goal to revitalize Native American health by connecting tribal and federal facilities to informed medicine, advanced healthcare models, and onsite clinical education.

FAQ

TRIBES IN THE U.S.A

There are 574 Federally Recognized Tribes in the United States who are eligible for funding and services from the Bureau of Indian Affairs.

There are 63 State Recognized Tribes in 11 states (Alabama, Connecticut, Georgia, Louisiana, Maryland, Massachusetts, New York, North Carolina, South Carolina, Vermont, and Virginia).



SOVEREIGNTY

Tribes are sovereign nations. According to a January 2013 article from the National Conference of State Legislatures titled “An Issue of Sovereignty” this is described:

“Tribal sovereignty refers to the right of American Indians and Alaska Natives to govern themselves. The U.S. Constitution recognizes Indian tribes as distinct governments and they have, with a few exceptions, the same powers as federal and state governments to regulate their internal affairs. Sovereignty for tribes includes the right to establish their own form of government, determine membership requirements, enact legislation, and establish law enforcement and court systems.” (2013, NCSL)



FAQ

GOVERNANCE

Being sovereign nations, tribes self-govern. Many tribes, reservations, pueblos, and Indigenous communities have at least two forms of leadership and government structure.

- Elected officials – A democratic system where leaders are elected within the tribe to lead the tribe according to laws and tradition. Examples are elected chiefs, governors, presidents, etc.
- Traditional leaders – This can include, but is not limited to, traditional tribal and spiritual leaders that foster culture and traditions of the specific tribe.

NA, AI, OR INDIGENOUS?

How people are addressed is critical to their core identity. As we work with various Tribal communities around the country the question of title comes up: Do I say “Native American,” “American Indian,” or “Indigenous”?

All are acceptable and politically correct, but this varies by community and the individual. Indigenous communities each have a specific name which is extremely important to each tribal member. Addressing and speaking about the individual by their specific tribal name is preferred and respectful. For example: A member of the Navajo Nation may introduce themselves by saying “I am Angela, and I am Navajo”. Or the Secretary of the Interior, Deb Haaland, who is from the Laguna Pueblo, might say “I am a Laguna woman”.



Upon his arrival on Turtle Island, Christopher Columbus thought he arrived in India, because of this, he referred to the Indigenous people of Turtle Island as “Indians”. With Indigenous communities identifying Turtle Island being in North America, it is suggested to utilize “Native American” or “American Indian”. The use of “Indian” within the United States is geographical and depends on the culture of the reservation and the surrounding population.

“Native American” is the most commonly used and preferred by Tribal communities.

“Indigenous” is used to convey a strong connection to the land that originates prior to colonial settlers. Those who self-identify and use the title “Indigenous” often have a strong connection and relationship to their ancestral history and land.

When you don’t know, just ask.

HEALTHCARE

A variety of healthcare systems that are implemented for Tribal communities.

INDIAN HEALTH SERVICE (IHS)

“The Indian Health Service, an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives” (IHS Headquarters, Indian Health Service).



TRIBAL SELF-GOVERNANCE PROGRAM (TSGP)

“The Indian Health Service Tribal Self-Governance Program (TSGP) is more than an IHS program; it is an expression of the nation-to-nation relationship between the United States and each Indian Tribe. Through the TSGP, Tribes have the option to assume IHS program funds and manage them to best fit the needs of their Tribal communities. Tribes participating in the TSGP negotiate with the IHS and take on full funding, control, and accountability for those programs, services, functions, and activities (PSFAs), or portions thereof, that the Tribe chooses to assume.” (Office of Tribal Self-Governance, IHS Headquarters, Indian Health Service).

TITLE 1

“Title I Tribes are Federally recognized Tribes or Tribal organizations that contract or contracts with the Indian Health Service (IHS) to plan, conduct and administer one or more individual programs, functions, services or activities under Public Law (P.L.) 93-638, or portions thereof, including construction program that the IHS would otherwise provide for Indians because of their status as Indians. P.L. 93-638 is the Indian Self Determination and Education Assistance Act (ISDEAA).” (Office of Direct Service and Contracting Tribes, IHS Headquarters)

TOP CHALLENGES

As providers, you may encounter a variety of challenges while working with different communities and facilities.



Common Healthcare Disparities

- Diabetes
- Hypertension
- Hyperlipidemia
- Heart Disease
- Arthritis RA
- Auto-Immune Diseases

Social Issues

- Alcohol & Substance Abuse
- Physical Abuse
- Sexual Abuse

Mental Health

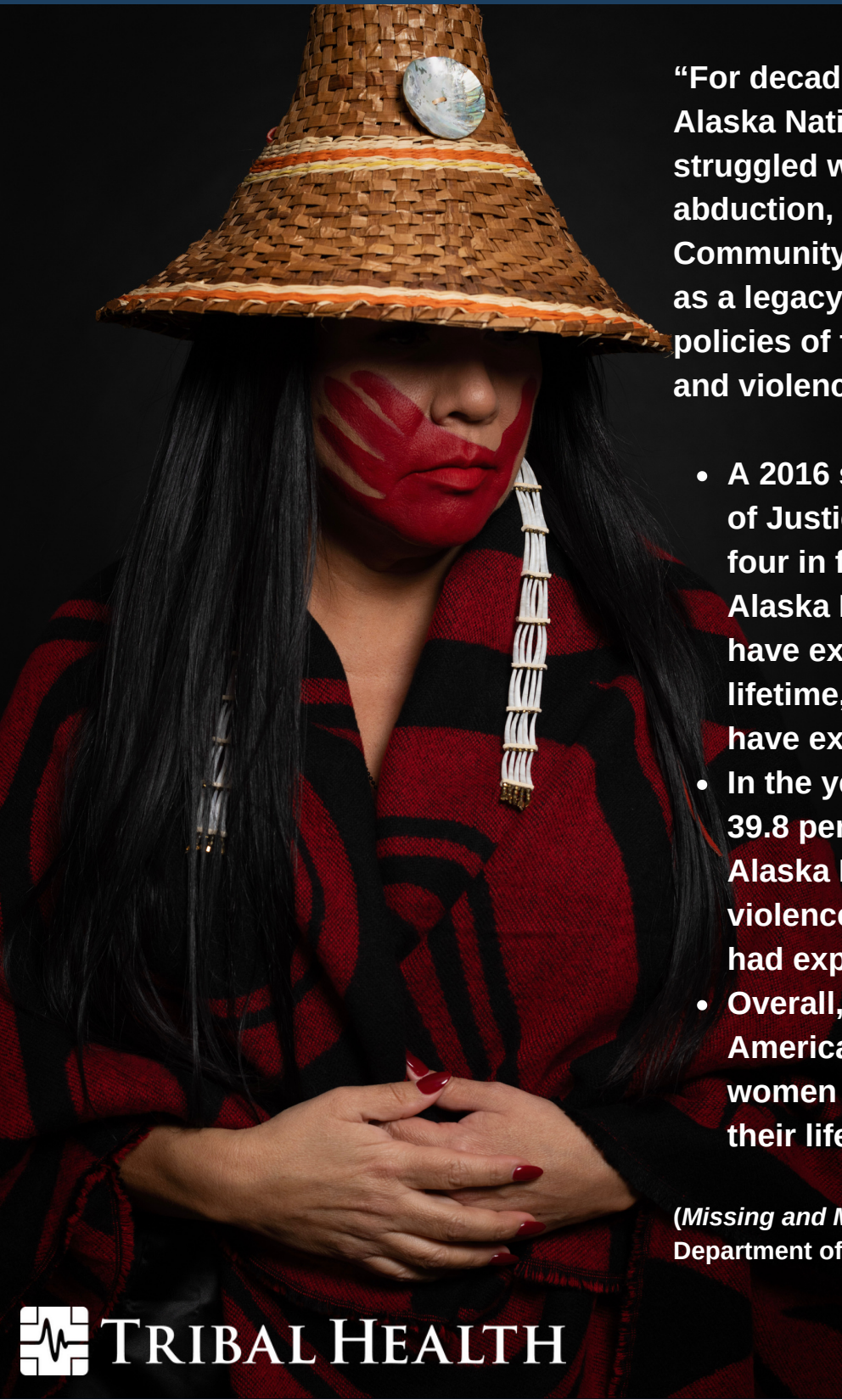
- Adverse Childhood Experiences (ACES)
- Depression
- Suicide



TOP CHALLENGES

Missing Murdered Indigenous People/Women (MMIP / MMIW)

This is a major movement in the United States and Tribal communities in the US and Canada. The rates of missing and murdered Indigenous people, women, girls, two-spirit, and transgender people have grown so much. What can you do? Learn to spot signs of risk in your patients.



“For decades, Native American and Alaska Native communities have struggled with high rates of assault, abduction, and murder of women. Community advocates describe the crisis as a legacy of generations of government policies of forced removal, land seizures and violence inflicted on Native peoples.

- **A 2016 study by the National Institute of Justice (NIJ) found that more than four in five American Indian and Alaska Native women (84.3 percent) have experienced violence in their lifetime, including 56.1 percent who have experienced sexual violence.**
- **In the year leading up to the study, 39.8 percent of American Indian and Alaska Native women had experienced violence, including 14.4 percent who had experienced sexual violence.**
- **Overall, more than 1.5 million American Indian and Alaska Native women have experienced violence in their lifetime.”**

(Missing and Murdered Indigenous People Crisis, U.S. Department of the Interior Indian Affairs)



5 QUESTIONS TO ASK YOUR HEALTHCARE FACILITY



1

Can I speak to the facility leadership?

Get to know the facility, leadership, and culture.

2

What kind of facility is this? IHS, 638, TSGP?

It is important to understand the functionality and operational side of the facility.

4

What services are offered at this facility?

Know all services that are offered and provided to the patients.

3

What are the major health concerns and diagnoses here?

Understand the needs of the patients and what is expected.

5

What Tribes do you provide services to?

Become accustomed to the community that you will be encountering in your work.

