



1

Goals

- ▶ 1. Recognize the impact of cultural and spiritual beliefs on health related behaviors and preferences
- ▶ 2. Guard against stereotyping
- ▶ 3. Work to simplify health care messages with respect to people's beliefs
- ▶ 4. Implement programs to promote comfort and dignity to Native American Elders

2

Know US population trends

- ▶ Cultural and religious diversity is growing in the US
- ▶ By 2044, 1 : 3 Americans will be from a traditionally under-represented population.
- ▶ Therapeutic relationships may be influenced by the health care worker's AND the long term care resident's cultural and spiritual beliefs and practices.

3

Develop cultural competencies

- ▶ Knowledge and skills:
 - ▶ Preferred greeting gestures: hand shake vs no contact
- ▶ Assess beliefs and behaviors
 - ▶ Dietary restrictions
- ▶ Action: Demonstrate respect
 - ▶ Allow an older adult time to respond to a question

4

Formality

- ▶ With first encounters, use formal communication
 - ▶ Greet with title and surname Mr, Mrs, Ms, Dr., etc and family name

5

Language and literacy

- ▶ Only 12% of US population considered “proficient” in health literacy
- ▶ Establish language preference in verbal and written communication
- ▶ Does someone need to help the resident understand written instructions
- ▶ Assume 6th grade reading level, avoid medical jargon

6

Communication strategies

- ▶ Non verbal communication delivers 65% of the message
- ▶ Assess visual & hearing problems
- ▶ Make no more than 3 points
- ▶ Use repetition
- ▶ Use open – ended questions
- ▶ Verify understanding with “teach back”

7

Non verbal communication

- ▶ Hand gestures
- ▶ Facial expression
- ▶ Physical contact
- ▶ Eye contact
- ▶ Body position

Watch for resident responses

Ask about their preferences

8

Consider trauma history

- ▶ Survivor of violence ?
- ▶ 75% refugees with PTSD
- ▶ Historical trauma among American Indians

9

Historical trauma

- ▶ Legacy of boarding schools: suppression and punishment

10

Trauma informed care in LTC

- ▶ AI people experience trauma more often than the general U.S. population
- ▶ Life experiences combined with historical trauma to create complex psychosocial issues
- ▶ Trauma-informed care (TIC) in long-term care facilities can promote healing among AI/AN elders who experienced trauma

11

7 principles of trauma – informed care

What TIC means for patients:



A safe environment



Trust and open communication



Support from peers and through family visits



Collaborative relationships with staff



Empowering residents



Choices about their own care and a way to voice their concerns



Responsiveness to cultural, historical, and gender issues

12

Safety

- ▶ Provide programs and equipment to help elders avoid falling
- ▶ Assess facility visitors
- ▶ Promote feelings of safety through interpersonal interactions
 - ▶ Ask open-ended questions: Has anyone made you feel uncomfortable ?
- ▶ Be sensitive if the need arises to interrupt an elder's activity to provide personal or medical care

13

Trustworthiness

- ▶ Communicate decisions or announcements to residents right away.
- ▶ Explain medical procedures and obtain permission.

14



Peer support

- ▶ Listen to the elders and encourage them to share their stories.
- ▶ Provide transportation for elders to attend community events

15

Collaboration

- ▶ Ask elders about their life before admission to the facility, including past traumas
- ▶ Discuss and revise the elder's care plan with them regularly.
- ▶ Encourage all staff, including those who do not work directly with residents, to interact with elders during activities and events.
- ▶ Accommodate each elder's desired daily routine.
 - ▶ e.g., waking and sleep preferences

16

Empower

- ▶ Make connections with health care providers.
- ▶ Inquire about and accommodate elders' language preferences.
- ▶ Ask residents about their spiritual beliefs and offer faith-based activities and spiritual support as appropriate

17

Voice and Choice

- ▶ Offer multiple avenues for residents to express concerns, including a resident council.
 - Give residents as much privacy as possible

18

TIC strategy

- ▶ Train staff in TIC principles and actions
- ▶ Incorporate TIC into facility policies
- ▶ Add TIC into QAPI

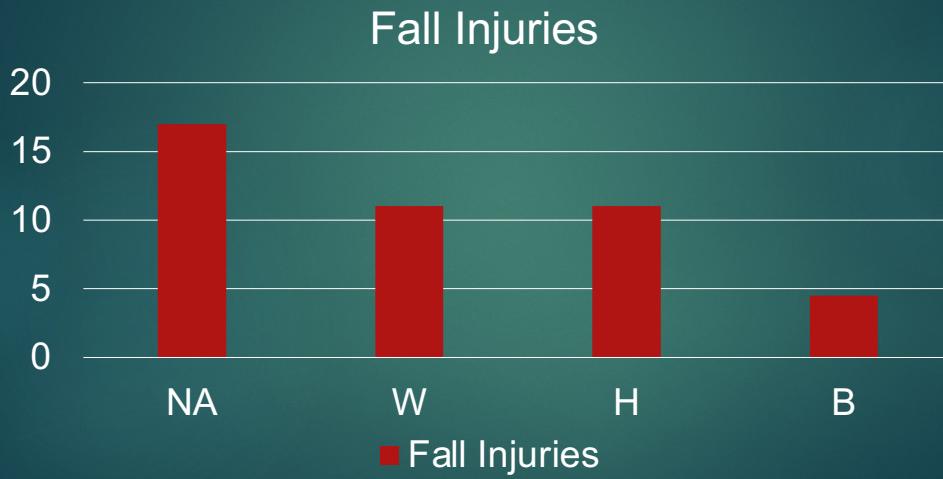
19

AIAN Health Disparities

- ▶ 11.4% AI with unmet mental health needs (largest of any group)
- ▶ 6% drop in life expectancy compared to 2.4% with white population
- ▶ 23% experience discrimination during health encounter
- ▶ 34% fall rate versus 25% white population

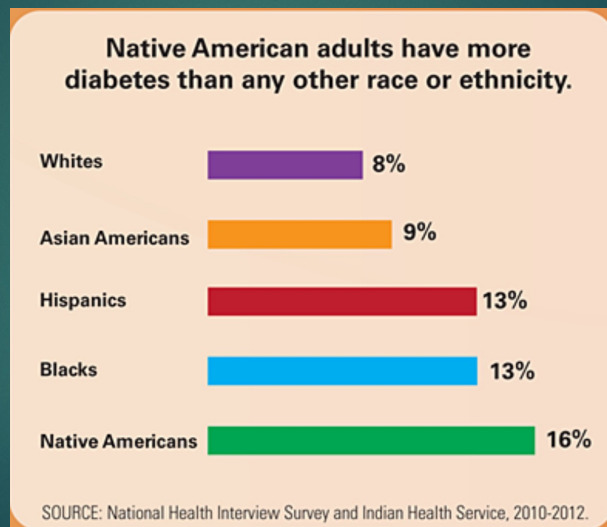
20

AIAN Health Disparities



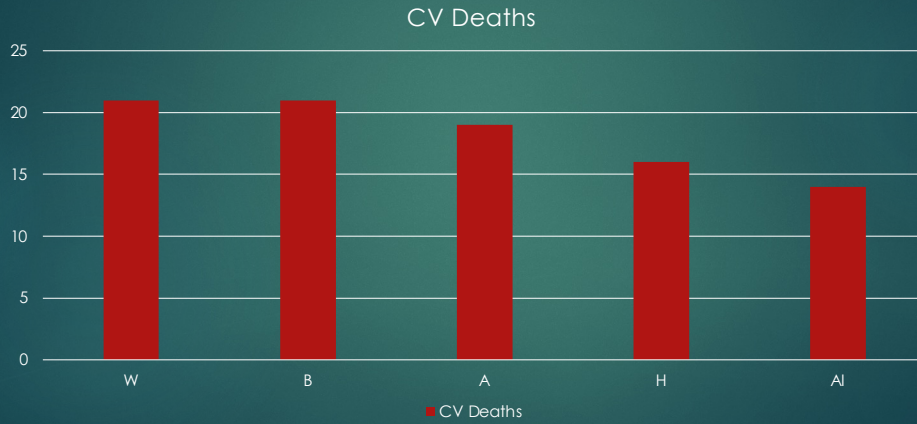
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AIAN Health Disparities



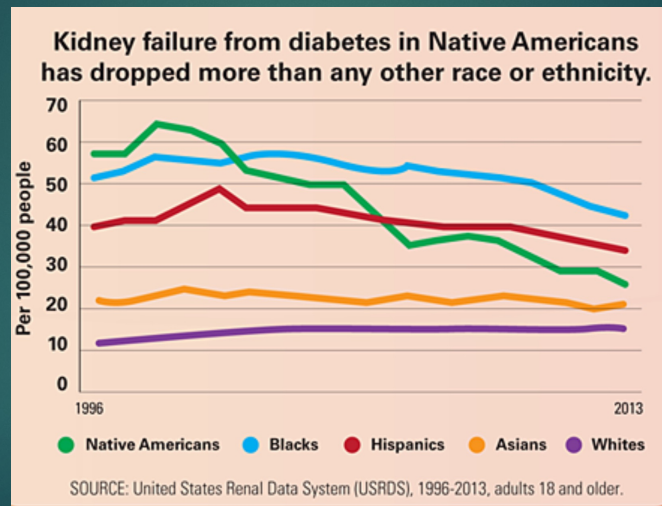
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AI appear resilient to chronic conditions



23

Resiliency with Late stage CKD



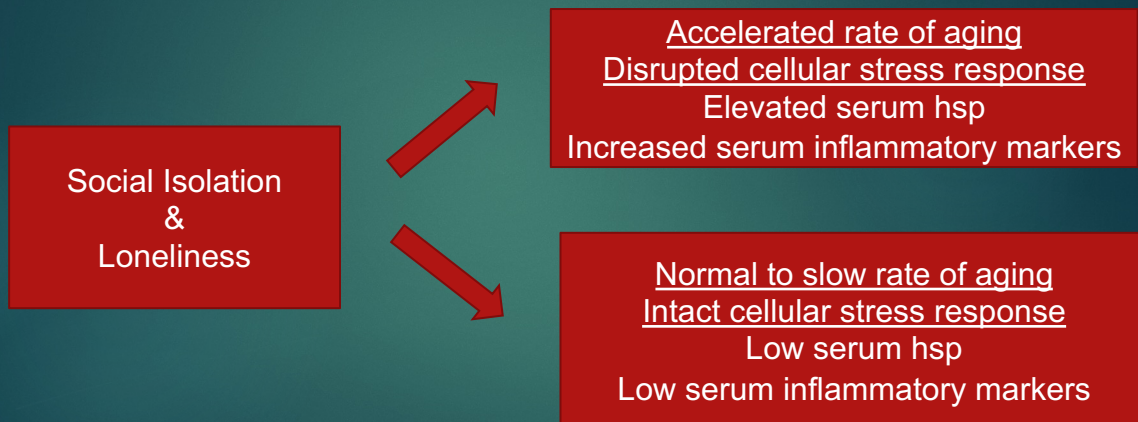
24

Social isolation

- ▶ Social isolation is the **objective** physical separation from other people (living alone), while loneliness is the **subjective** distressed feeling of being alone or separated.
- ▶ 1: 4 Native American Elders reported to be socially isolated or lonely
- ▶ Prolong social isolation = 15 cigarettes daily

25

Model of physiological impact of social isolation and loneliness



26

Practical tips for reducing social isolation

- ▶ Gather around exercise and hobbies
- ▶ Groups for books or philosophy
- ▶ Intergenerational encounters
- ▶ Senior centers
- ▶ Prescription for regular family visits

27

Resources: fight social isolation

**Connected
Indigenous
Elders**



NICOA | National Indian
Council on
Aging, Inc.



28

Resources

