Providing Culturally Competent Care to American Indians and Alaska Natives (AI/AN) with Hepatitis C Virus (HCV)

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I have no disclosures

Disclaimer: The views expressed in this presentation do not necessarily represent the views of the White Earth Service Unit, Indian Health Service, or the United States Government.
Objectives

1. Describe a brief history of the Indian Health Service and the services available at the White Earth Service Unit

2. Define cultural competence, discuss potential benefits of providing culturally competent healthcare

3. Describe literature on cultural competence training/care improving patient outcomes/satisfaction

4. Illustrate examples of my experiences, challenges, and rewards while helping AI/AN overcome HCV infection
Indian Health Service was established in 1955. The provision of health services to members of federally-recognized Tribes grew out of the special government-to-government relationship between tribes and the federal government.

- Comprehensive primary health care and disease prevention services are provided through a network of over 605 hospitals, clinics, and health stations on or near Indian reservations
- **IHS Mission:** to raise the physical, mental, social, and spiritual health of American Indians and Alaska Natives to the highest level.
- **WESU Mission:** To partner with our communities to be their health care provider of choice.
White Earth Service Unit

- Located on the White Earth Reservation in northwestern Minnesota
- Comprised of a health center and two health stations
Community Served: White Earth Nation

- Provide care to American Indians and Alaska Natives from 574 federally recognized tribes
- Rural ambulatory care health center
  - Our focus is largely on primary care of pediatric and family medicine patients
- The IHS White Earth Service Unit works closely with the Tribe in support of their health care programs
## Services Provided

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<tr>
<th>Service</th>
<th>White Earth</th>
<th>Naytahwaush</th>
<th>Pine Point</th>
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<td>Dental Services</td>
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<td>General Medicine/Family Practice (Wellness Exams, Preventative Health, Acute Care, Chronic Disease Management)</td>
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<td>Physical/ Occupational Therapy</td>
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<td>Prenatal Care</td>
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<td>Specialty Services (OB/ GYN and Orthopedics)</td>
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<td>Well Child Exams</td>
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Cultural competence is defined as the ability to function effectively in the context of cultural differences.

5 Elements of Cultural Competence*

1. Awareness, acceptance, and valuing of cultural differences
2. Awareness of one’s own culture and values
3. Understanding the range of dynamics that result from the interaction between people of different cultures
4. Developing cultural knowledge of the particular community served or access cultural brokers who may have that knowledge
5. Ability to adapt individual interventions, programs, and policies to fit the cultural context of the individual, family, or community

Source: SAMHSA (Substance Abuse and Mental Health Administration) Culture Card

Proposed Benefits of Providing Culturally Competent Healthcare

Studies and Literature Available are Limited

- Systematic reviews of literature: 7 studies met inclusion criteria for each review
  - Govere et al [studies included from 2002-2014]
    - 6 studies indicated that cultural competence training increases cultural competence of providers
    - 5 studies indicated that cultural competence training is associated with increased patient satisfaction
  - Lie et al [studies included from 1991-2010]
    - 3 studies indicated that cultural competence training is associated with improved patient outcomes

- Primary take away: insufficient high quality research showing that cultural competency training improves patient outcomes or patient satisfaction, cultural competence training does increase cultural competence of providers
Rates of reported acute hepatitis C virus infection, by race/ethnicity — United States, 2004–2019

Source: CDC, National Notifiable Diseases Surveillance System.
Persons Living with Chronic HCV in MN by Race Rates (per 100,000 persons*), 2018

*Rates calculated using 2017 U.S. Census ACS data. Excludes persons with multiple races or unknown race, n=10,990.
Source: MN Viral Hepatitis Surveillance System
How does this impact HCV care?

➢ **Experience**
  – What is my role in the treatment of HCV?
  – I work closely with Tribal Health Programs

➢ **Challenges**
  – Gaining trust/respect with individual patients and the Tribal Community
  – Learning the best way to communicate
    – Quiet/pauses, nonverbal communication, humor or story telling to convey difficult messages
  – Rural location
  – Extended family, multigenerational living, and ties to Native urban communities
  – COVID-19 closures and restrictions

➢ **Rewards**
  – Patients whose HCV is cured!
  – Indirect affects:
    – Giving patients hope and confidence that spills over into other parts of their health and lives
    – Becoming a known and trusted healthcare professional within the Tribal Community
References


7. Improving Cultural Competency when Serving American Indian/Alaska Natives by CAPT Andrew Hunt, IHS Clinical Support Center, accessed 3/22/2022


12. White Earth Nation video, 2012 [www.whiteearth.com](http://www.whiteearth.com), Produced and Designed by Stage Systems

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