To Welcome Healing

How to welcome Indigenous patients, students, providers, and worldview in clinical and academic spaces

Claire Erickson BS, MPH(c); Megan Corn BS, MS3; Tarlynn Tone-Pah-Hote BS, MS3; and Associated Authors

Acknowledgements

From the perspective of the presenter:

- I acknowledge I am a settler on stolen lands. That I am not the owner of this data. I am simply a steward of knowledge to further spread how clinics in North Dakota and academic settings can better welcome Indigenous peoples for better health outcomes, comfort of trainees, and to increase the numbers of Indigenous peoples in the healthcare workforce in North Dakota.
- This research reflects the experiences of 8 individuals, participants do not speak for their Nations, all tribal members, all Indigenous medical students, or all Indigenous providers. Each Indigenous Nation in the United States has unique culture and lifeways, and the goal of this study was not to lump them all into a pan-Indigenous worldview. I honor and respect the information participants entrusted to me and have been given permission for all insights and research I share.

Introduction

Native Americans account for approximately 2.4% of the population in the United States, but account for more than their fair share of disparities ranging from higher rates of infant mortality, diabetes, suicide, heart disease, and unintentional injuries.[1] Overall, Native Americans and Alaska Natives born today can expect to live approximately 5.5 years less than all other races in the United States (between 73 and 78.5 years).[2] These disparities did not appear in a vacuum however, over 400 years of forced removal, disease, boarding schools, forced poverty, inadequate healthcare, and assimilation policies have caused trauma over generations.

Over the past 50 years Indigenous communities have worked to revitalize culture and language, revitalize communities, and build Indigenous workforces in both healthcare and education.[3] Currently, only .4% of physicians and .5% of registered nurses identify as American Indian or Alaska Native (AI/AN), this is not proportional to the 2.4% of the American population discussed previously. [3,4] However, several programs at United States have educational and recruitment programs for Indigenous students interested in health professions to build the AI/AN physician workforce, the University of North Dakota is home to such programs.

The purpose of this study is to identify improvements that can be made to better welcome and support Indigenous patients, physicians, students when they are in healthcare and medical or higher education settings. Due to a history of underfunded medical care, harmful scientific studies, forced sterilizations, and institutional racism, Western medical education and healthcare can be hostile settings to AI/AN patients, students, and providers.[5] To welcome means to “receive someone in a warm and friendly manner” or “to make a person feel at home in a setting” according to the Merriam-Webster Dictionary. This research set out to identify keyways to make Indigenous patients, students, and providers feel welcome and that they are valuable members of a healthcare team or higher education student body.

Methods

Due to the nature of this research, Indigenous Research Methods were used as much as possible. It is for this reason that acknowledgements are at the beginning of the poster. Qualitative interviews with current and former Indigenous health professions students at UND (n=8). Participants grew up in different parts of the United States such as the Midwest, Northeast, and Southwest. Participants were from many different Indigenous Nations some of which include Navajo (Diné), Mandan Hidatsa Arikara Nation, Iroquois Confederation, Anishinaabe, Metís, Chickasaw, Choctaw, Cherokee, and Oceti Sakowin (Lakota, Dakota, Assiniboine). Results reflected the diversity of Indigenous Nations but trends were identified and named to make recommendations.

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota.

We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.
– UND Land Acknowledgement

Qualitative interviews were conducted as Talking Circles, a focus group method popular in Indigenous research communities that emphasizes safe sharing environment, respect for participants, and discussion as equals.[6] Interviews were conducted over Zoom or in neutral meetings spots such as coffee shops to create a neutral sharing space with equal power between interviewer and participant**.** The interviewer asked ten open ended questions with responses recorded by the in real time.

Questions ranged from why participants chose healthcare and medicine, values they had, and what identities they had and how they interacted with their given profession. The second set of questions regarded participant’s personal and cultural definitions of healing and how these concepts are important to them as both providers and patients. The third set of questions specifically asked about healthcare and education environments and what could be done to make these historically oppressive spaces more welcoming to Indigenous peoples and lifeways. Finally, the last set of questions addressed experiences with racism in healthcare and educational settings, what white providers should know about caring for Indigenous patients, and how to better support and advocate for Indigenous colleagues on both macro and micro levels.

Key Themes

Several trends were identified and can be summed up in the following:

Holistic Healing

Almost every participant stated that health is not just a physical state, but the balance of mental, emotional, spiritual, and physical wellness. Health was not just the absence of disease but the presence of balance and wellness as an individual and community.

Giving Back

All participants discussed wanting to “go back” to Native communities (whether tribal, urban, etc.) to practice medicine or public health. Addressing generational trauma, health disparities, increasing resources, and providing culturally informed care were important to all participants. Due to incidents or poor care participants witnessed Indigenous patients or family members receiving.

Stereotypes, Bias, and Structural Barriers

Participants discussed poor access to care and other structural barriers Indigenous people face in addition to historical harm and racist interactions. Racism in North Dakota and the former UND Mascot were included in discussions of macro and microaggressions.

Culturally Informed Practice and Education

When asked how Non-Native providers could be more supportive of Indigenous patients and staff, all participants discussed respect and being open to new experiences, worldviews, and cultures. In addition to bias and cultural training, building relationships with the community is key.

Action Items and Recommendations

- Discourage students from wearing the old UND logo in your classroom to create a safe environment and decrease microaggressions.
- Include Indigenous lifeways, research methods, and knowledge systems when discussing epistemologies in your field.
- Require cultural training modules appropriate to the setting you are educating or providing care in.
- Add signage in Indigenous languages and photos of Indigenous patients in your clinic or promotional materials.
- Discuss different cultures and health practices before clinical rotations.
- Display Land Acknowledgements in a central location (ex. This poster)

References

1. American Indians and Alaska Natives—By the Numbers. (n.d.). Retrieved October 4, 2022, from https://www.acf.hhs.gov/ana/fact-sheet/american-indians-and-alaska-natives-numbers
2. Indian Health Services. (2019, October). Disparities: Fact Sheets. Disparities. Retrieved 4/6/2021 from https://www.ihs.gov/newsroom/factsheets/disparities/.
3. Robeznieks A. (2019, August 22). Native Americans work to grow their own physician workforce. Health Equity. American Medical Association
4. Rosseter, R. AACN Fact Sheet—Enhancing Diversity in the Nursing Workforce. (September, 2022). Retrieved October 4, 2022, from https://www.aacnnursing.org/news-information/fact-sheets/enhancing-diversity
5. Hill, G. (2018, October 30). Confronting the crisis: Attracting Native students to medicine. Diversity and Inclusion. https://www.aamc.org/news-insights/insights/confronting-crisis-attracting-native-students-medicine.
6. Brown, M. A., & Di Lallo, S. (2020). Talking Circles: A Culturally Responsive Evaluation Practice. American Journal of Evaluation, 41(3), 367–383. https://doi.org/10.1177/1098214019899164