Basic Communication with the Patient and Family

- Be aware that styles of writing and verbal communication can be different for Native people. Individual tribes may also have local communication norms.
- It can be helpful initially to engage in casual conversation and share something about your own background. Be genuine and clearly explain your role.
- It is important to let the patient know up front that time may be limited, but that you are interested in learning from them about their health concerns and culture.
- Avoid medical jargon, and be sure to explain anything you write down.
- Be aware that asking intrusive questions early in the conversation might be considered offensive.
- Listening and observing are very important. Avoid interruptions or rushing the conversation, and allow for silence or long pauses.
- Be aware that non-verbal communication can be as important as what is said.
- Observe and let the patient and/or family define comfort with personal space and/or physical contact.
- Be respectful and always ask for permission before touching sacred or ceremonial items or taking any pictures.
- Family will often be present during visits and established family roles may be in place. Quietly observe and follow the lead of the family or patient.
- Be aware that non-verbal communication can be as important as what is said.
- Support storytelling as a common way of communicating. It is important to be respectful and allow time for the story to be shared.
- Honor and listen to the lessons shared with you.

This Guide Was Created Through the Work of
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Provider Guide

Encouraging Cultural Awareness
Screening and Treating American Indian Patients
With Special Guidance for Cancer

For additional copies of this brochure, please contact Cindi Laukes at 406-329-5663

Photograph by B.L. Azure
Purpose of this Guide

This guide was developed by a coalition of Native women to help health care providers offer the best possible care for Native American patients seeking screening or treatment. It is only intended to provide a few general, helpful guidelines. For in-depth orientation to practices in a given Tribal community, it is best to seek an introduction directly from that community.

Tribal customs and regional practices may vary significantly between Tribes and even within individual communities. Customs can be influenced by many factors such as gender, age, ancestry, spiritual beliefs and language. Questions about cultural customs are generally acceptable, but it is always best if these questions relate specifically to the care provided to the patient.

The following background may be helpful when seeing American Indian people seeking screening or treatment:

Communication and Cultural Issues Specific to Cancer

- **Age and Gender differences** can be important as they relate to traditions. When treating a cancer patient, these age differences may be important factors in the approach to communication or treatment.
- In the area of cancer, **fear** is probably the biggest factor that prevents the pursuit of screening and treatment. Many don’t talk about taboo health topics at all in family settings, so even within families there may be little discussion about cancer. Some traditional thinking includes the fear that “talking about cancer may bring it on.”
- The **mode of communication** is very important. Local community and familiarity are key factors, as is connecting in person. Familiar images, faces, and words are very important to be effective and reduce fear.
- **Consistency** is critical to trust and ongoing effectiveness. Programs with staff and protocols that are always changing tend not to be successful in Indian communities. This is especially true for cancer patients, where fear can be a greater factor.
- **Long life** is important in Native culture. Seeing grandchildren, and especially great-grandchildren grow up bears a lot of weight. In cancer prevention and screening, these concepts may be helpful in communicating good reasons to get screened.
- **Discretion and modesty** are important during exams. This applies both to how healthcare workers present and dress themselves, as well as to how Native women are cared for in health care settings. Awareness, respect, and the proper accommodations to allow for these differences are helpful. The same can be true for allowing for more personal space and less frequent eye contact.
- The **Indian Health Service can sometimes be a controversial subject amongst Indian people**, so relying exclusively on work through IHS, or IHS recommendations is not always effective with every patient.
- **Small gifts** are a traditional gesture, and can be helpful in Indian communities.

Known Barriers to Breast Cancer Screening

- Inconsistency in providers, outreach, and schedules are barriers.
- Transportation can be a difficult issue in many areas.
- Female providers are generally preferred for breast cancer screening and treatment.
- Providers don’t always know about available reimbursement programs.
- Cross-communication issues between providers/programs can be a factor.
- Saturday Ladies’ Days or powwows are more effective venues for screening than just having daytime appointments available.
- Cultural sensitivity is often missing with providers.
- Bureaucracy and IHS regulations can create barriers to screening.
- Lack of a human voice or familiar face can be problematic.
- Track phones are widely used, and can present follow-up problems due to inconsistency of phone numbers. Asking for a secondary contact can sometimes be helpful as a back-up.

Providers Can Better Understand and Practice

- Culturally sensitive wording of materials
- Nature of touch (gentle, and with warmth)
- Sensitivity and awareness of fear
- Respect for personal space
- Importance of explaining verbally any written materials shared with the patient.
- Important differences between urban and rural Native people
- It’s always good to ask about which Tribe, and to have some general understanding of differences of Tribes and their histories.
- Know that family members may be present and there may be one that is seen as the “spokesperson” on behalf of the patient.