


**Objective 3: by the end of this session, the participant will be able to:**

- Identify culturally sensitive communication methods and techniques for Native American outreach efforts.



Communication Strategies 1

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**Examples of AIAN Cultural Beliefs**

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**Common Values Among Natives**

- Sharing and generosity
- Allegiance to family, community, and tribe
- Respect for elders
- Non-Interference
- Orientation to present time
- Harmony with Nature
- Respect for status of the Woman and the Child



Carol Locust, Univ AZ, Tucson  
Communication Strategies 3

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**Common beliefs related to Spirituality**

- ☛ A belief in an unseen power, Great Mystery or Creator
- ☛ All things in the universe are related
- ☛ Worship reinforces bonds between the individual, family, and community (our relatedness)
- ☛ Spirituality is intimately connected to our health



Communication Strategies 4

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**Respective Core Values**

<u>Traditional Native</u>	<u>Main Stream US Society</u>
Cooperative	Competitive
Group/Tribal Emphasis	Freedom, Progress, Efficiency
Extended Family Important	Individualism
Modesty	Sexy
Patience/Passive (SW)	"Getting Ahead in Life"
Generous/Non-Materialistic	Material Comfort
Respect for Age	Youth Envy
Spirituality	External Conformity
Indirect Criticism	Direct Criticism
Harmony with Nature	Conquest of Nature



Communication Strategies 5

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**Communication Methods**

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**Patient-Provider Communication**



Note: see NACR's website  
<http://www.NatAmCancer.org>  
click on tree (left side of screen)  
then click on the leaf  
"communication"



Communication Strategies 7

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**Culture and Body Language**

- ▣ The use of the body, facial expressions, gestures, etc. in "non-verbal" communication
- ▣ Body language has meanings that are specific to each culture
- ▣ Your provider is probably of a culture that is different from yours



Communication Strategies 8

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**Culture and Body Language**

- ▣ Your provider's body language may have meanings that differ from how such gestures or expressions are used within your culture
- ▣ Most providers trained in modern medicine are taught to use direct eye contact



Communication Strategies 9

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**Culture and Direct Eye Contact**

- ☐ If your tribal culture does not use direct eye contact with people other than close relations, your provider will need to be informed of this practice
  - 🕒 You can tell the provider yourself
  - 🕒 You can have a family member explain this practice to the provider
  - 🕒 You or your family can write a note to the provider

 Communication Strategies 10

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**Culture and Direct Eye Contact**

- ☐ In most providers' training, lack of eye contact reflects:
  - 🕒 Dishonesty
  - 🕒 Lack of understanding
  - 🕒 Fear
  - 🕒 Disrespect
  - 🕒 Or many other emotions which may not be your intention

 Communication Strategies 11

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**Culture and Direct Eye Contact**

- ☐ For most tribal Nations, direct eye contact is normal behavior
- ☐ For some tribal Nations, direct eye contact is invasive of private thoughts – and is disrespectful
- ☐ For other tribal Nations, direct eye contact is reserved for family and trusted friends only

 Communication Strategies 12

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### Culture and Personal Space

- Every individual has a sense of space that s/he prefers to not have others within (personal space), unless "invited"
- Sometimes this personal space is as wide as outstretched arms ... For others it may be as short as 1 foot
- The patient and provider need to find a space distance that is comfortable to both to have good communication



Communication Strategies

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### Culture and Touch

- Some people are raised with a lot of hugging, kissing, and touching
- For these individuals, to reach out and touch someone (like the hand or forearm) is only a friendly or comforting gesture
  - For most patients the personal touch shows that the provider cares for the patient



Communication Strategies

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### Culture and Touch

- Such gestures by providers can be misinterpreted by patients
  - For the patient who has been physically or sexually abused, touch may not be comforting ...
  - For others who come from a very modest culture, touching may only be appropriate for very close relations



Communication Strategies

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**Culture and Gestures**

- ☐ Many tribal cultures use few or small gestures only
  - 🕒 In very modest cultures, large gestures are rarely used
  - 🕒 Pointing is considered disrespectful by some tribal cultures (some will point using the lips only)



Communication Strategies 16

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**Culture and Gestures**

- 🕒 If the provider does gestures that make you uncomfortable, you need to let him/her know. S/he is just unfamiliar with your cultural practices.
- 🕒 You can tell the provider yourself
- 🕒 You can have a family member explain this practice to the provider
- 🕒 You or your family can write a note to the provider



Communication Strategies 17

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**Culture and Gestures**

- ☐ Nodding the head to show you understand what the provider is saying is commonly understood
  - 🕒 But for some tribal cultures, head nodding is not a common practice
  - 🕒 You or your family can explain this is not a common gesture among your community
  - 🕒 You or your family can write a note to the provider



Communication Strategies 18

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**What is “good” communication?**

QUESTION: What is a “communication”?

It means how well you are able to understand other people and how well they are able to understand you



- includes
- the words you say
- how you say them (e.g., softly? angrily)
- what your facial expression and body position is saying

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**What is “Good” Communication?**

It includes people talking, listening, writing and/or reading so that there is a clear understanding by everyone

Communication patterns differ among groups, leading to problems in understanding and in making one understood.



Communication Strategies 20

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**Examples of challenges / problems public health programs experience in Indian Country**

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# AIAN Communication, Learning Styles and Resources

**Examples of problems experienced by researchers / public health professionals**

- Assuming researchers' and tribal *perceptions of local problems* are the same (e.g., migration genetic research relationship to some problem vs. diabetes)
- Working with the wrong Native "leader" or person



Communication Strategies 22

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**Examples of problems experienced by researchers / public health professionals**

- Throwing money at Native community to use as they wish, but give researcher the data (disrespectful)
- Researcher obtains letter of support / commitment from Native organization for grant application and then is not heard from again until time for competitive grant renewal



Communication Strategies 23

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**Examples of problems experienced by researchers / public health professionals**

- High turnover within Native community project staff (usually related to insufficient budget)
- Researcher saying or implying, "I don't care how you get it, but give me the data"
- Budget (volunteerism from Native community, but academicians receive salaries or buy-out for class loads)



Communication Strategies 24

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“If the problem is in the community, the solution is in the community”

Gilbert H. Friedell, M.D.  
Director Emeritus, Markey Cancer Control Program

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**Example of Project Approval Processes among IHS / Tribal / Urban Programs**

- ☐ Local Tribal Committee for partnerships / decision-makers / leaders →
- ☐ Tribal Resolutions / ordinance →
- ☐ Tribal Research Committee/IRB →
- ☐ IHS Area IRB →
- ☐ IHS National IRB approvals

IHS IRB is Currently dysfunctional

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**What are criteria for CBPR / CBPA?**

- ☐ Equal partner and decision-making role on every step / phase of the research project
  - ⊕ Planning the project
  - ⊕ Identifying the hypothesis
  - ⊕ Formulating the research plan
  - ⊕ Analyzing the data
  - ⊕ Writing the reports
  - ⊕ Disseminating and presenting project findings (publications, professional and community meetings)

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### Examples of Unsuccessful Strategies

All implemented in specific AIAN settings

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### Outreach recruitment strategies -- Ineffective

- ☒ Telephone / mail
- ☒ Native male outreach workers for women's programs
- ☒ Voter registration lists / Census lists
- ☒ News Stories / Releases in general newspapers
- ☒ Use of celebrities to deliver the messages

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### Education strategies -- Ineffective

- ☒ Education with partnership of Church
  - ☒ This may work eventually, just very limited / disappointing results from most Native communities
- ☒ Regular / generic Public Service Announcements (PSA) / videos
- ☒ Regular / generic radio or TV PSA

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**Breast Health Services -- Ineffective**

- ☒ Mobile mammography in city within 50 miles of Native community
  - ☑ **worked for urbans** but not for reservation-based women
- ☒ Male health provider for women's programs
- ☒ County health screening services
- ☒ General hospital / health care facility screening services

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**Styles of Learning**

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**Styles of Learning**

- ☒ Research suggests that most people focus on one learning style:
  - ☑ Oral learners (thrive on lectures, need to read notes out loud to enhance memory)
  - ☑ Written learners (thrive on texts, need to write out notes to enhance memory)
  - ☑ Visual learners (thrive on graphics, need to draw things out to enhance memory)
- ☒ Education works best when you have something for EVERYONE

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**Enhancing Learning**

- ☐ Regardless of learning style, experiential learning is the key to concrete memory
  - 🕒 “Doing” learning activities are better than “show and tell” by improving
    - ✍ “Muscle” memory
    - ✍ Instant recall
  - 🕒 Interactive games increase information retention
    - ✍ Positive emotions improve comprehension
    - ✍ Practice makes “perfect”

 Communication Strategies 34

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**Lessons Learned from Workshops with American Indians**

- ☐ Start meetings in the late morning
- ☐ People will still come in “late”
  - 🕒 “Indian time”
- ☐ Culture focuses on cooperation
  - 🕒 Some may hesitate to critique others
  - 🕒 Group will thrive when all can contribute and contributions are positively acknowledged
- 🕒 Group activities improve engagement

 Communication Strategies 35

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**Reinforcing Learning**

- ☐ Use small groups to:
  - 🕒 Encourage reflection and discussion
  - 🕒 Allow people to expand on concepts and critically think about the topics
  - 🕒 Creative projects put learners “outside the box” and increases innovation
- ☐ Provide summaries, debriefings
- ☐ Follow-up and Refresher trainings

 Communication Strategies 36

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### Examples of AIAN Cancer Resources and Materials

See NACR's website, click on  
"tree" and go to "help and support"  
limb for patient resources

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### Tribal Outreach -- Cancer Information Web Pages



Native Cancer Information Resource  
Center and Learning Exchange  
(Native C.I.R.C.L.E.)  
[http:// www.mayo.edu/nativecircle/](http://www.mayo.edu/nativecircle/)



The Native WEB  
(Women Enjoying the Benefit)

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### Tribal Outreach -- Cancer Information Web Pages



"The American Indian / Alaska Native Initiative on  
Cancer" ("Spirit of E.A.G.L.E.S.") [U01 CA86098]  
<http://nativeamericanprograms.org>

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**Tribal Outreach -- Cancer Information**  
**Web Pages**



**Native American Cancer Research**  
<http://www.NatAmCancer.org>

**Examples of free downloads:**

- Free downloads of slides from the 5 "Get on the Path to Health" Curricula (breast, cervix, colon, lung, prostate) [each has 6-7 modules]
- "Clinical Trials Education for Native Americans"
- "Native American Palliative Care" Curriculum
- "Native American Cancer Education for Survivors" (NACES) (quality of life interactive education)
- FACT Sheets: Native Elder Cancer Survivors, Tobacco



Communication Strategies 40

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**Tribal Outreach -- Cancer Information**  
**Web Pages**

University of Michigan Health Systems  
Marilyn Roubidoux, M.D. Associate  
Professor of Radiology  
Mammogram Detective

Provider version: [www.med.umich.edu/lrc/breastcancerdetective](http://www.med.umich.edu/lrc/breastcancerdetective)  
Patient version: [www.med.umich.edu/lrc/bcdpatient](http://www.med.umich.edu/lrc/bcdpatient)

Mary Alice Trapp, Breast Health Bingo  
(same website as provider version of detective)



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