

# Diversity and Cultural Issues in Alaska

The ethnic and racial minority population in the U.S. has been increasing rapidly for several decades. This trend is expected to continue. The increase has focused the attention of health care providers on the differences among cultures. Culture influences the way patients respond to medical service. It also impacts the way healthcare providers deliver those services.<sup>1</sup>

When dealing with people from cultures different from one's own, 'competence' and 'sensitivity' take on new meanings. This is particularly true in Alaska. The U.S. census completed in 2000 shows that in Alaska the percentages of minority populations differ greatly from urban centers to rural areas and between regions of the state. The table below provides examples of this:

	White	Black/African American	Alaska Native/American Indian	Asian	Native Hawaiian/Pacific Islander	Other
Statewide	69.3%	3.5%	15.6%	4%	0.5%	7.1%
Municipality of Anchorage	72.2%	5.8%	7.3%	5.5%	0.9%	8.3%
Bethel Census Area	12.5%	0.4%	81.9%	1%	0.1%	4.1%

## Learning Objectives

Upon completion of this chapter, the participant should be able to:

- ▶ Define culture.
- ▶ Define the six levels of cultural competence.
- ▶ Identify five areas of culture that differ between mainstream American culture and Alaska Native cultures.
- ▶ Describe ten differences between his or her own culture and that of another culture he or she works with.
- ▶ Describe three ways verbal communication can be enhanced with Alaska Natives.

<sup>1</sup>Marla Sutton, "Cultural Competence," *Family Practice Management*, American Academy of Family Physicians, October 2000.

# Culture

## Definition

Culture can be defined as a way of life shared by the members of one group but not necessarily with members of other groups. Culture is handed down from generation to generation; the contents of which cannot be attributed to genetic sources. It includes the values, language, basic communication, social structures, ways of earning a living, and ways of spending leisure time of a group. It is influenced by the group's level of technology, its environment and the climate where it lives.

Basic differences exist among people as a result of culture. Health care providers must understand the cultures of the people they serve because it helps them:

- Understand how others interpret their environment.
- Avoid stereotypes and biases that can undermine their efforts to deliver quality care. (This is most important.)

All cultures are alive and changing. They are not fixed in time. Relevance is often affected by life experiences. Our view of things (how relevant they are to us) is affected by our life experiences. For example, an Alaskan Native who lives in Anchorage and buys groceries at Carr's may view "subsistence living" in a different context than an Alaskan Native who lives in Tatitlek. Although both may feel strongly about the importance of subsistence as a value, they may have differing views of it based on their experiences. The rural person may value it as a basic living necessity; the urban person may value it as a historical or traditional activity.

Cultures differ. Individuals within a culture differ as well. The larger cultural group can share common historical and geographical experiences. Individuals within that group may only share parts of the culture, like physical appearance, language or spiritual beliefs. Understanding individual diversity helps air medical escorts and other healthcare providers view each patient as an individual first and as a member of an ethnic or cultural group second.

## Acculturation

Some of the changes that happen to cultures are the result of acculturation. Acculturation is a process that occurs when two distinct cultural groups have contact resulting in changes to the original cultural patterns of either or both groups.<sup>2</sup> Washington, DC: Administration on Aging, January 2001, page 33). Acculturation typically occurs along a continuum. In the above referenced book, the identified steps along the continuum include:

- Separation—This step is the beginning of the continuum. In this stage, individuals value holding onto their original culture and avoid interaction with other cultural groups.
- Marginalization—In this stage, there is low interest in cultural maintenance. Unlike separation where individuals value holding onto their culture, the level of interest in holding has diminished and there is the beginning of relationships with individuals from other cultures.
- Integration—In this step cultural integrity is maintained while the individual participates in the larger social network. The analogy for integration is a “salad bowl.” Each ingredient combines with others to make a new product, while maintaining its unique characteristics.
- Assimilation—With assimilation, individuals from the non-dominant group do not maintain their original culture and they actively participate in the dominant culture. This is the “melting pot,” when the ingredients combine to make a new product, but lose the characteristics that made them unique. This “melting pot” level of assimilation rarely occurs.

Wherever the individual is on the continuum, he or she will remain bicultural to some degree. It may be 95% original culture to 5% new culture or 5% original culture to 95% new culture, or anything in between.

<sup>2</sup>Administration on Aging, *Achieving Cultural Competence: A Guidebook for Providers of Services to Older Americans and Their Families*, Washington, DC, January 2001.

## Cultural Competence

Cultural competence is a term used to describe a set of behaviors, attitudes and policies within a system, agency or among professionals that enables them to work effectively in cross-cultural situations.<sup>3</sup>

Cultural competence is a dynamic process along a continuum with multiple levels of achievement. Cross describes the stages of the continuum as:

- **Cultural Destructiveness**—In it, organizations or individuals view a different culture as a problem and seek to destroy it. The dominant culture is seen as superior and efforts are made to eliminate lesser cultures. Historical examples of cultural destructiveness were seen in Alaska in the first half of the twentieth century. Missionaries and schoolteachers provided education for children in village schools and boarding schools. The children were physically punished for speaking their Native language, dancing or following traditional ways.<sup>4</sup>
- **Cultural Incapacity**—Rather than intentional cultural destructiveness, the organization simply is unable to meet the needs of different cultures and assumes a paternalistic approach toward the “lesser” culture. There is discrimination in providing services and in hiring practices.
- **Cultural Blindness**—While perceiving themselves as unbiased, organizations in this stage ignore the valuable differences of diverse groups. The dominant culture is unable to see that cultural differences are important and affects services, employee morale and the ability to function in an organization. Their services reflect the worldview of the middle class of the dominant culture.
- **Pre-Competent**—Organizations in this step of the continuum recognize their weaknesses in meeting the needs of various cultures. They work to improve their service. They may hire employees from the cultures they serve, appoint people of different cultures to an advisory committee, and begin educational programs for staff. The risk at this level is to become complacent and only employ and appoint tokens.
- **Culturally Competent**—Organizations at this level accept and respect differences, continually assess their attitudes toward and policy on cultural differences, expand their cultural knowledge

<sup>3</sup>T. L. Cross, B. J. Bazron, K. W. Dennis, M. R. Isaacs, *Toward a Culturally Competent System of Care: Vol. I*, National Technical Assistance Center for Children’s Mental Health, Georgetown University Child Development Center, Washington, DC, 1989.

<sup>4</sup>Harold Napoleon, *Yuuyaraq: The Way of the Human Being*, Alaska Native Knowledge Network, Fairbanks, Alaska, 1996.

and resources, and have the ability to adapt their services to meet minority population needs.

- Culturally Proficient—The organization that not only is culturally competent, but also demonstrates its esteem for culture by adding to the knowledge base of cultural competence. It does this through research and publishing the results of demonstration projects.<sup>5</sup>

Organizations are made up of individuals. As an individual, cultural competence allows a person to respond with respect and empathy to people of all cultures, classes, races, religions and ethnic backgrounds in a way that values their worth as individuals, families and communities. Cultural competence is viewed the same way as it is for organizations, as a developmental process that occurs along a continuum. What can a person do to become more culturally competent? It is not as simple as taking a class or reading a book. There are five essential elements that contribute to becoming more culturally competent. Air medical service providers must:

- Understand their own cultural background.
- Acknowledge different cultures, value systems, beliefs and behaviors.
- Recognize that cultural difference is not the same as cultural inferiority. No culture is better or worse than any other. They just are different.
- Learn about the culture of the communities that utilize their air medical services.
- Adapt the air medical service delivery for a community to honor/incorporate the cultural values and traditions of that community.<sup>6</sup>

<sup>5</sup>Association for Air Medical Systems (AAMS), *Guidelines for Air Medical Crew Education*, Kendall/Hunt Publishing Co., Dubuque, Iowa, 2004.

<sup>6</sup>George Washington University ISCOPEs Curriculum on Cultural Competence [www.gwu.edu/~iscopes/LearningMods\\_Culture.htm](http://www.gwu.edu/~iscopes/LearningMods_Culture.htm).

## Understanding Culture

In order to improve understanding of other cultures, basic areas of one's own culture must be examined. Before people can be aware that their own culture is "different" they must interact in some way with another culture. Basic areas of culture that impact the health care provider include:

- Values.
- Communication.
- Cultural sanctions and restrictions.
- Health related beliefs and practices.
- Nutrition.
- Cultural aspects of disease incidence.<sup>7</sup>

This chapter focuses on examining these aspects of culture as they affect Alaska Natives. Only generalizations are used. They do not apply to every individual Alaska Native. Each individual is the result of unique life experiences. Each individual's life experiences define his or her personal worldview. Culture provides the framework for that worldview. The differences between Native Alaska cultures and the dominant mainstream, European-American based culture are great. In addition, the differences between Alaska Native cultures are great. Understanding all of this helps health care providers view each patient as an individual first and as a member of a cultural group second.

### Values

What a group values, the relative importance of those values and how the group communicates that value are major defining components of a culture. The table at left compares some mainstream American cultural values with traditional Inupiat values.

### Time Orientation

The mainstream American society's view of time is linear. It is viewed in the context of a beginning, a middle, and an end. For example, when viewing the life process, it is broken into stages moving from birth to death. People are in sequence:

Important Mainstream American Cultural Values	Important Inupiat Values
Ownership	Sharing
Equality in social relations	Respect for others
Competitiveness	Cooperation
	Respect for elders
Love for children	Love for children
Achievement	Hard work
	Knowledge of family tree
Directness in communication	Avoid conflict
Human superior to nature	Respect for nature
Formal religion	Spirituality
Humor	Humor
Nuclear family	Extended family
Material possessions	Hunter success
	Domestic skills
Achievement-oriented	Humility
Individualism	Responsibility to tribe

<sup>7</sup>Ibid.

- Infants
- Toddlers
- Young children
- Children
- Adolescents
- Young adults
- Adults
- Middle aged adults
- Old people

The workweek usually begins on Monday and ends on Friday, with non-work days occurring on the weekend. Weeks march into months, that march into years, that end in death. Time moves along a straight line.

Clocks break time into smaller segments that move in a linear fashion. There is a time to wake up, a time to be at work, a time to take a lunch break, a time to leave work, a time to play, and a time to go to bed. This orientation is used for planning time use. It is important in societies that value technology and industrial production. These cultures are usually urban focused. They usually value punctuality.

In contrast, hunting and gathering societies, and agricultural societies, usually do not use linear thinking. The seasons and availability of food sources measure time and those things are seasonal every year. Circular thinking describes the world more accurately. Responsibilities to family and community come before punctuality. These societies tend to be more rural.

The traditional Alaska Native view of time is circular. Life is a circle that continues after death as people live on in the memories of those affected by their lives. The subsistence life-style is circular and based on the seasons. Berry picking time lasts as long as it takes to gather enough berries to last until next berry-picking season. There are times that are better for fishing. There are times that are better for hunting. There are times that are better for trapping. People's activities and sense of time revolve around when the particular food is available.

People are valued not because they show up for the hunt or to pick berries at a prescribed time, but they are valued when they provide well for their families and share food with the village.

Major conflicts can occur due to the differences between these value systems. These cultural differences can result in mainstream culture thinking negatively of Natives as following “Indian time.” The same difference can lead to Natives viewing mainstream culture as uncaring and impersonal.

### Elders

Another important value in the traditional Alaska Native culture is respect for elders. The role of an elder in a village is significant. Not to be understated, the elder is considered wise by virtue of age and survival and should be treated with the utmost esteem. If an elder is treated in an undignified manner, the whole village may be offended and use passive methods to indicate their disapproval.

This contrasts with mainstream American culture. That culture emphasizes youth and scientific knowledge, rather than wisdom from its older members. Elders are treated in a more impersonal way, with less respect, and even in some situations as “in the way.”

The differences in this area can have a major impact on quality of care for Native patients from non-Native health care providers.

## Communication

The following table compares key differences in communication patterns between Natives and non-Natives:<sup>8</sup>

Non-Natives:	Natives:
Early demonstration of learning. Seek to please.	Early age—respect through silence, observation.
Speaks to many people who give perspective to life; no need to talk to those he is close to; companionship.	Converse at length with those he's close to; watch and give respect to those he does not know well.
Values conversation as a way to get to know others.	Values observance as a way of getting to know others.

<sup>8</sup>Bea Shavada, National Native Association of Treatment Directors, unpublished program handout, 1989.



Non-Natives:	Natives:
Learn through trial and error.	Children listen and learn; don't answer questions or demonstrate skills unless they know the answer or are adept at the skill.
Teacher expects Native students to demonstrate knowledge.	Difficult to meet expectations of non-Native teachers due to way of learning.
"Puts best foot forward." Presents positive self-image and high hopes for the future.	Not acceptable to "boast" nor to speak of future (makes it difficult for job interviews).
Interprets Native's not boasting or speaking of future as lack of self-confidence.	
Rapid communication.	Thinking before answering. Longer pauses.
Must have closure for courtesy.	No closure (e.g. may hang up at the end of a telephone conversation without saying good-bye).
Direct messages.	Indirect messages.

## Verbal Communication

Patterns of communication and behavior are learned at a very early age.

English is a second language for many Alaska Natives. People often need more time to process their second language when communicating in it, and especially when answering questions in it.

In addition, the pace of language in Native cultures often is slower than in non-Native society. This results in longer pauses between speakers. In Native cultures, it is considered impolite to speak without a long enough pause to be sure that the previous speaker has finished speaking and to consider their communication.

There are variations in pace among non-Native English speakers. New Yorkers speak much faster than Georgians, for example. However, the comfortable pause period for most European Americans is three to five seconds. This is much shorter than the pause of five to ten seconds that is comfortable for many Alaska Natives. When a pause period exceeds a person's comfort level, that person usually fills the silence with speech. This may take the form of rephrasing questions. Assumptions may be made: The "silent" person does not understand the intended message; the speaker is being ignored or the individual spoken to is shy or quiet.

Silence in social interaction may feel uncomfortable to non-Natives. Natives may not feel a pressing need for conversation when socializing. It is enough to enjoy the other's presence. Non-Natives

who do not understand this practice may make erroneous assumptions. They may think that the two people sitting in silence are angry at each other or that one is being rude to the other.

The following table may be helpful in illustrating the results of these differences in communication patterns and language between Alaska Natives and non-Natives.<sup>9</sup>

What's Confusing to English Speakers about Athapaskans	What's Confusing to Athapaskans about English Speakers
<b>The Presentation of Self</b>	
They do not speak.	They talk too much.
They keep silent.	They always talk first.
They avoid situations of talking.	They talk to strangers or people they don't know.
They play down their abilities.	They brag about themselves.
They act as if they expect things to be given to them.	They don't help people even when they can.
They deny planning.	They always talk about what is going to happen later.
<b>The Distribution of Talk</b>	
They avoid direct questions.	They ask too many questions.
They never start a conversation.	They always interrupt.
They talk off the topic.	They only talk about what they are interested in.
They never say anything about themselves.	They don't give others a chance to talk.
They are slow to take a turn in talking.	They just go on and on when they talk.
<b>The Contents of Talk</b>	
They are too indirect, too inexplicit.	They aren't careful about how they talk about people or things.
They don't make sense.	
They just leave without saying anything.	They have to say good-bye even when they see you are leaving.

### Body Language

Communication can be viewed as an iceberg. Verbal language transmits approximately 35% of the message, while nonverbal communication transmits the remainder.

Nonverbal communication is culturally specific and affected by beliefs, values, social rules and communication premises. Body language is culturally specific. Therefore, miscommunication can occur when

<sup>9</sup>Laura J. Noland, Thomas Gallagher, "Cross-Cultural Communication for Land Managers and Planners in Alaska," *Agroborealis*, 21:1, 1989.

definitions from one culture are used to interpret messages spoken by someone from another culture. The following table of examples from Mary Wolcuff helps to illustrate this:<sup>10</sup>

Body Language	Possible Non-Native Meanings	Possible Native Meanings
Nodding head	I understand what you're saying.	I hear what you are saying.
Raised eyebrows	I'm surprised by what I am seeing or hearing.	Yes; I agree with what you are saying.
Furrowed brow	I'm listening very carefully to what you are saying. I question the truth in what I am seeing or hearing.	No. I'm displeased with you.
Tapping pencil	I am distracted.	I am impatient.
Sighing	I am tired.	I am bored.
Arms tight to body	I am cold.	I want to maintain an impersonal distance.
No eye contact	I am lying to you.	I respect you.

### Interviewing Patients and Providing Patient Teaching

Mary Wolcuff also shares the following hints to improve communication with Alaska Native patients.<sup>11</sup> Air medical escorts should:

- Take a few minutes to visit to set the person at ease.
- Talk about common ground: art, music, recreation, weather, dancing, fun things.
- Don't talk down to the patients.
- Don't speak in a loud tone of voice to elders unless they know they are hard of hearing. The spoken language is traditionally quiet. Speaking loudly may be interpreted as anger or rudeness.
- Listen, listen, listen.
- Don't talk so much; allow periods of silence.
- Talk more slowly.
- Allow time for questions.

<sup>10</sup>Mary Wolcuff, *Cross Cultural Communication*, Association of Stranded Rural Alaskans, Anchorage, 1989.

<sup>11</sup>Ibid.

### Using Interpreters

When English is a second language for patients and the information needing to be conveyed is complicated, an interpreter may be helpful. In Native villages, Community Health Aides are the best resource for this, if they are available and speak the language. Although not trained as professional interpreters, Community Health Aides:

- Are familiar with anatomy and physiology.
- Know the technical medical language and diseases.
- Know words that are taboo in the language of the patient and the euphemisms that may be used instead.
- Know common health beliefs and practices of the community.

If Community Health Aides are not available, family or friends can be used as interpreters. Children should not be used to interpret for their parents, unless there is no other option in an emergency. Air medical escorts may need to discuss sensitive topics that parents simply do not discuss with their children.

Family and friends are likely to modify what is said in their efforts to be helpful. To facilitate the most accurate transfer of information, the following suggestions from the Management Sciences for Health Electronic Resource Center are helpful:

- Family members must understand their role before the interpreting starts. This includes instructing them to not add personal comments about what is said, to offer advice or to “coach” patients by suggesting questions or providing answers to questions.
- Air medical escorts should use the simplest vocabulary that will express their meaning.
- Air medical escorts should speak in short and simple sentences.
- Air medical escorts should check for complete understanding by asking interpreters to repeat questions back in English. They should be encouraged to ask for clarification of what they do not understand. This is best done before beginning to interpret to the patient. (<http://erc.msh.org>, 2/7/06.)

## Cultural Sanctions and Restrictions

Sex is a taboo subject for discussion in many Alaska Native homes. Words for sexual body parts may have little meaning. The patient may use euphemisms. For example, an Alaska Native woman may say chest for breast. She may even point to her arm or shoulder when she feels pain in her breast.

English has words to describe some actions that Native languages do not have. Native languages have words to describe states that have no English equivalent. For example, in some dialects there are more than 30 different words for snow, but no words for rape. In addition, words can have different meanings. For example, “Are you hurt?” may mean to a woman, “Are you menstruating at this time?” Asking questions that refer to sex or sexual organs may cause embarrassment.

Mary Wolcuff offers the following suggestions to communicate in a sensitive way with Native Alaskans:<sup>12</sup>

- Have little or no eye contact so patients can maintain their sense of dignity.
- Allow patients to be covered up so they don’t feel exposed while caregivers are talking to them.
- Don’t write while talking with patients; just listen. If patients feel that what they say will be written down, they may not communicate completely.
- Give patients space. Don’t stand too close to them; stand off to the side and turned slightly rather than directly in front of them.
- Don’t interrupt; speak in a soft tone of voice. It puts patients more at ease. Alaska Native people in crisis may not react well to loud voices.

## Health Related Beliefs And Practices

In *The Real History of the Conquest of New Spain*, Bernal Diaz del Castillo, the official historian of the conquistadors, relates that the Indians of what is now Mexico believed that Europeans were gods because the conquistadors were greeted with flowers, perfumes and incense wherever they went.<sup>13</sup> No one bothered to ask the Indians what

<sup>12</sup>Ibid.

<sup>13</sup>Bernal Diaz del Castillo, (1984), *La Verdadera Historia de la Conquista de la Nueva Espana*, Editorial Porrúa, referenced Dansie, 1997.

they actually thought. In fact, the Indians were forbidden to either write or speak their own version of these events. Five hundred years later, a Mexican anthropologist named Miguel Leon-Portilla compiled a collection of Indian writings in *The Reverse of the Conquest* (Dansie didn't explain where the writings came from; one could assume that, although they were forbidden from public writing, they had private writings).<sup>14</sup> He reports that the Indians wrote, "They say, 'And we smell them even before we saw them. And not even with flowers, perfume or incense could we get close to them.'"

This example illustrates that events can have radically different meanings depending on the cultural assumptions of the people experiencing them. In fact, the only way to know what people think is to ask them! But do so in a way they can understand.

Roberto Dansie, Executive Director of Pit River Health Service in Burney, California, lists the following common beliefs that most Native Americans share when it comes to healing and health:

- Life comes from the Great Spirit, and all healing begins with him.
- Health is due to the harmony between body, heart, mind, and soul.
- Our relationships are an essential component of our health.
- Death is not our enemy, but a natural phenomenon of life.
- Disease is not only felt by the individual, but also the family.
- Spirituality and emotions are just as important as the body and the mind.
- Mother Earth contains numerous remedies for her people's illnesses.
- Some healing practices have been preserved throughout the generations.
- Traditional healers can be either men or women, young or old.
- Illness is an opportunity to purify one's soul.<sup>16</sup>

<sup>14</sup>Miguel Leon-Portilla, *El Reverso de la Conquista*, Editorial Fondo de Cultura Economia, 1988, referenced in Dansie, 1997.

<sup>15</sup>Roberto Dansie, "Health from an Indian Perspective," *IHS Provider*, 22:7, p. 116.

<sup>16</sup>Ibid.

The only way to know if these beliefs are common to particular Alaskan Native patients is to ask them! Respectfully.

## Nutrition

When considering nutrition, it is important to remember that traditional foods often are determined by the historical diet of the cultural group. Even when people no longer live in their traditional communities, they may still consider traditional foods “comfort food.” Those currently living in Alaska who grew up in another state may be able to relate to this concept. They may miss certain traditional foods in their diets.

A review of some historical cultural features of Alaska people will help identify their traditional foods.

**Inuit** (Eskimo) people occupy the entire coast of Alaska except the Aleutian Islands, Kodiak and Southeast Alaska. Transportation was via kayaks and umiaks, which are boats covered with animal skin. There are three major groups of Inuit:

**Inupiat**—Inupiat Inuit inhabit the far northern Arctic Ocean coasts along the Beaufort Sea, Chukchi Sea and Kotzebue Sound, and the Arctic tundra of the Brooks Range. Traditional marine foods include bowhead whales, seals, walrus, and polar bear. Tundra foods include caribou, salmon, bird eggs, berries and wild plants and roots.

**Yupik**—The Yupik Inuit inhabit inland-forested areas along the Lower Yukon and Kuskokwim Rivers and along the Bering Sea. Traditional foods from the tundra and forest include moose, caribou, salmon, trout, bird eggs, berries, and wild plants and roots. Marine foods include seals and walrus.

**Siberian Yupik**—Siberian Yupik Inuit inhabit St. Lawrence Island (only 38 miles east of Russia), with Gambell and Savoonga the largest villages. Their traditional tundra foods include reindeer, salmon, bird eggs, berries and wild plants and roots. Marine foods include bowhead whales, seals and walrus.

**Aleuts** inhabit Kodiak Island (the Alutiiq people) and the Aleutian Islands (the *Aleuts*). They traditionally were maritime people, with settlements located on bays where there were good gravel beaches for landing skin-covered boats. Traditional marine foods include whale, seal, sea otter, sea lion, halibut, salmon and mollusks. Traditional

island food includes birds, bird eggs, berries and wild plants and roots.

**Athapaskan** Indians, called **Den'a** (the people), traditionally inhabited the interior of Alaska, the area south of the arctic regions. Their traditional homeland consists of coniferous forests, mountains and treeless tundra. There are nine major groups:

- **Ingalik**
- **Koyukon**
- **Tanana**
- **Holikachuk**
- **Gwich'in**
- **Han**
- **Upper Tanana**
- **Ahtna**
- **Tanaina**

Athapaskans were nomadic hunters and fishermen. They spent time putting artistic effort into their clothing, jewelry and weapons. Transportation was via dog sled, kayak and canoe. Traditional foods include moose, caribou, Dall sheep, brown and black bear, porcupine, beaver, wolf, fox, martin, wolverine, mink, river otter, rabbit, muskrat, salmon, trout, ducks, geese, berries, wild plants and roots.

**Tlingit** are the northernmost of the northwest coast people. Other northwest coast people include the:

- **Haida**
- **Tsimshian**
- **Kwakiutl**
- **Nootka**
- **Salishan**



- **Chemakum**
- **Chinook**
- **Makah**

These people traditionally inhabited islands and mainland rain forests of southeastern Alaska and Canada. Because of the availability of lumber from the forests, they built large red cedar plank houses, totem poles and ocean-going dugout canoes. Their traditional marine foods include seal, sea otter, sea lion, halibut, salmon and mollusks. From the forest they obtained deer, brown and black bears, ducks, geese, berries, wild plants and roots.

## Cultural Aspects Of Disease Incidence

**Negative factors** contributing to health problems among Alaska Natives today include:

- Urban migration.
- Alienation and hopelessness (especially the young).
- Cultural isolation.
- The continuing decline in a subsistence lifestyle with a worsening diet.
- Unemployment.
- The break-up of families.

**Positive factors** include:

- Improved health measures such as medications and health promotion programs.
- Vaccines.
- Surgery and hospitals.
- Primary health care provided by Public Health Nurses and Community Health Aides.

- An increasing number of Nurse Practitioner/Physician Assistants in rural clinics.
- An increasing number of specialty physician clinics arranged in rural communities.
- Improved environmental health such as village sanitation, safe water supply and waste disposal.
- Improved emergency medical services, medical transportation and communication networks.
- Alaska Native involvement in health and health care services.
- Use of computerized resources such as the Internet, telehealth and teleradiology programs.

The health problems seen today are often complicated by substance abuse, psychosocial problems, and violence. Substance abuse continues to involve alcohol and tobacco but has expanded to include marijuana, cocaine, heroin and inhalants.

**Psychosocial problems** include:

- Suicide (particularly in the young).
- Alienation.
- Changing family relationships.
- An increase in violence—particularly fights, rape, and domestic violence related to substance abuse and psychosocial problems. Traumatic injury is one of the leading causes of death and disability among Alaska Natives.

The continuing decline in subsistence activities, decrease in physical activity, and worsening diet have contributed to an increase in obesity. The incidence of Type II diabetes has also increased due to these factors as well. Related problems include an increase in the incidence of cardiovascular disease including myocardial infarction, angina, hypertension and stroke.

The move to modern preparation methods for traditional food has resulted in an increase in the occurrence of botulism. Traditionally, fish heads, roe and seal fins were fermented in wooden containers, which

were not airtight. Using plastic containers with airtight seals allows anaerobic organisms to flourish.

Infectious diseases also have resulted in additional health care problems, including:

- An increased frequency in the occurrence of several types of infectious hepatitis.
- *Helicobacter pylori* has been shown to be associated with an increased incidence of peptic ulcer disease in this population.
- Tuberculosis continues to be a problem, although the drug-resistant strains seen in the rest of the country have not been a problem.

## Summary

Air medical providers must serve a patient population that is becoming increasingly diverse. As part of the delivery of quality care, individual providers and organizations must become culturally competent to assure the delivery of appropriate care to all patients. This requires that both the individual and the system value diversity, have the capacity for self-assessment, understand the dynamics that occur when cultures interact, and adapt services to meet the needs of their client population within an acceptable cultural framework.

## Notes

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