

The Human Mosaic

Cultural Beliefs and Health Professions Training

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ABSTRACT: Developing culturally competent healthcare service must incorporate the needs of ethnic elders as well as the types of services provided. The question arises as to how to define optimal ways of teaching cultural diversity to the future healthcare professionals who will be treating older adults of indigenous heritage. Basing its work on an ethnogeriatric approach developed by the Stanford Geriatric Education Center, the Alaska Geriatric Education Center adapted the tool and utilized it with indigenous populations within Alaska. The reformatted approach examined and charted historical events (by cohort analysis) that have influenced Alaska's Native Elder's healthcare belief system over generations. Historical profiles produced from this approach may be used in studying and treating seniors from diverse ethnic backgrounds and provide an educational tool in training gerontology or geriatric healthcare professionals. The approach may also be used for organizing individuals' perceptions of the historical events in their lives within clinical health and mental health settings.

KEYWORDS: ethnogeriatrics; health beliefs; cohort analysis; historical trauma; training

Currently very little information is known about aging in Arctic populations and specifically aging among the indigenous people of Alaska (i.e., Inupiat, Yup'ik, Aleuts, Alutiiq, Athabaskan, Southeastern Tlingit, Tsimshian, and Haida). Less is known about historical events and their impact on Alaska Natives in older cohorts (55+ years) with respect to health and mental healthcare beliefs (i.e., ethnogeriatrics). The paucity of information available on aging and health among Alaska Native Elders has an impact on training and developing a diverse, culturally competent, and sensitive healthcare professional workforce. In addition, historical events and their impact on the various indigenous people

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of Alaska diverge quite extensively according to the region of the state in which the group resides.

Alaska's unique geography and population characteristics, combined with transportation and economic factors, present enormous challenges for delivery of healthcare services for all its elderly inhabitants. It is perhaps not surprising that under these conditions sizeable portions of the state of Alaska (52% of both urban and rural census areas) have been designated as Health Professional Shortage Areas and Medically Underserved Areas, in of which many Alaska Native Elders reside.

As the nation's demographic landscape has shifted, significant health disparities in access to healthcare utilization, quality, and health outcomes continue to be documented for a variety of ethnic groups. However, a number of federal agencies (e.g., The U.S. Department of Health and Human Services, Health Resources and Services Administration) have accumulated evidence stressing that increasing the quality of the health care provided, as well as eliminating barriers to care and health disparities, may be accomplished through an indirect micro-level route that encompasses training and educating a culturally competent and sensitive healthcare professional workforce. The Health Resources and Services Administration, Bureau of Health Professions, funds Geriatric Education Centers (GECs). These GECs are dedicated to improving geriatric education and training, supply, distribution, and quality of healthcare professionals by means of strong community-academic partnerships within the geographic region of the United States in which they are located. A strong focus is placed upon eliminating barriers to care and health disparities, to assure quality of care, and to improve public health and healthcare systems. Educating a culturally sensitive and competent geriatric healthcare work force is a cornerstone of these centers' training programs.¹

CULTURALLY COMPETENT SERVICE DELIVERY AND ALASKA NATIVES

Developing culturally competent service delivery incorporates an understanding of the needs of ethnic elders and the types of service provided. Culture and historical context (e.g., influences of historical events), such as immigration patterns and discrimination, is reflected in the values, health beliefs, illness behaviors, self-image, degree of trust, and expectations of providers held by older persons and important in training healthcare professionals.² Integrating cultural competency training into the academic health and mental health curriculum in order to improve healthcare service delivery is an area of growing interest and one that helps to eliminate structural and cultural barriers to health care.

The term *ethnogerontology* first appeared in the 1970s literature describing cross-cultural aging. In 1987 faculty members of the Stanford Geriatric

Education Center (SGEC) adapted the term *ethnogeriatrics* to focus specifically on health care for elders from different cultures. The SGEC has produced a number of monographs and working papers on the topic of health and mental health care for the older members of the populations of various ethnic groups. It is interesting to note that only two monographs on aging and health have been produced by the SGEC on Alaska Native Elders/American Indians and both have indicated in their introductions a lack of information about aging and health among Eskimo and Aleut populations. The monographs indicate that there are significant gaps in the ethnogeriatric understanding of American Indian/Alaska Native (AI/AN) aging and health issues. Especially lacking are descriptive observations on the continuities and discontinuities in the cultural experiences and expressions of older Indians, Eskimos, and Aleuts, especially within cities.³ Lack of knowledge about health care and aging among Alaska Native Elders is especially critical given that program planning and implementation requires the development of strategies based upon the nature of various AI/AN populations.³

As clearly cited in the SGEC monographs, very little is known regarding the healthcare belief system of Alaska Natives, and even less about the impact that their historical context has had upon their values, health beliefs, illness behaviors, degree of trust, and expectations of providers held by the older person.² This is further substantiated by work being done by the newly funded National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders, a center located at the University of Alaska Anchorage and funded by the U.S. Department of Health and Human Services, Administration on Aging, whose main charge, through their Listening to our Elders project, is to collect information about Alaska Native Elders' healthcare beliefs and practices. Because training and education of healthcare professionals is now believed to have an impact on both the quality and accessibility of health care, it is critical to develop informed training about the beliefs implicit in the Alaska Native culture and to identify those historical events (by cohort analysis) that have had an effect upon the indigenous populations' healthcare beliefs and practices.

THE COHORT ANALYSIS APPROACH

The cohort analysis approach yields individual historical profiles for each population that a healthcare professional is working with. A critical notion of this approach deals with the differential impact that an event may have on an individual according to what period of the life span he or she occupied when the event took place. Subsequently, significant events and periods experienced by cohorts of interest during specific age periods (i.e., childhood, adolescence, young adulthood, middle age, and later adulthood) are also generated within this approach. TABLE 1 provides significant life events and

TABLE 1. Cohort experiences of Alaska Natives

	1900–1920	1920–1940	1940–1960	1960–1980	1980–Present
The “Great Death” killed 60% of Alaska Native people		Polio and TB epidemics	WWII: Relocations of Aleuts and seizure by Japanese	Vietnam war	Oil boom and pipeline development
Gold rush		Boarding schools required by Bureau of Indian Affairs	Alaska–Canada (Alcan) road built connecting AK to U.S. through Canada	Earthquake and tidal wave	Telephone and TV in every village
Nomadic or seasonal lifestyles predominate		Nomadic and seasonal lifestyles moves into community	Alaskan Statehood	Rise of alcohol abuse and criminal behavior	Village sobriety movement and education
Adaptations to death with survivors giving up some old cultural beliefs			Loss of lands and rights to statehood	North Slope lease auctions	Welfare and anti-poverty programs
Alaskan Brotherhood established in southeast AK				Relocation act	Self-determination
Become U.S. citizens				AK Native claims; settlement act and AK national interest lands; conservation act (loss of land and hunting and fishing rights)	Oil spill and clean-up

Continued

TABLE 1. *Continued.*

	1900-1920	1920-1940	1940-1960	1960-1980	1980-Present
<i>Age at Historical Experience</i>					
<i>Current Age Cohort</i>					
Children and adolescents		Young adults and middle-aged	Middle-aged and young-old	Molly Hootch act to establish schools in all villages	Highest suicide and social-ill rates in U.S.
Children	Adolescents and young adult	Young adults and middle-aged	Young adults and middle-aged		Migration from villages to urban areas
	Children and adolescents	Adolescents and young adults	Adolescents and young adults		Sexual abuse by catholic priests
	Children	Children	Children and adolescents		
				Young-old and old	Old
				Middle-aged and young-old	Young-old and old
				Young adults and middle-aged	Middle-aged and young-old
				Adolescents and young adults	Young adult and middle-aged

experiences of Alaska Natives generated by the Alaska Geriatric Education Center (AKGEC).

This is just an initial attempt by the AKGEC to understand the historical context and cohort experiences of Alaska Natives. It is important to remember when using this approach that there is great diversity in experiences and perception of those experiences, both across the Alaska Native cultural groupings as well as within each group. Historical events and their impact on the various indigenous people of Alaska diverge quite extensively according to the region of the state in which the group resides. For instance, World War II had a much larger impact on the Aleut people residing on the Aleutian Islands off Alaska, in comparison to other groups, because of their forced relocation by the United States government and seizure of two islands (Attu and Kiska) by the Japanese.

Regardless of the need to consider events specific to individual groups nested within the larger ethnic group, this tool is still useful in training healthcare professionals. Significant events such as the “great death,” a term used by Harold Napoleon in his book *Yuuyaraq, The Way of the Human Being*, to describe the waves of death that swept over indigenous people and villages is thought to be a contributing factor to what is referred to as “historical trauma” within the Alaska Native population.⁴ The historical trauma response has been defined today as “. . . a cumulative emotional and psychological wounding, over the lifespan and across generations, emanating from massive group trauma experiences. The historical trauma response (HTR) is the constellation of features in reaction to this trauma.”⁵ Educational policies set by the Bureau of Indian Affairs separated Alaska Natives from their families and sent them out of state to attend school; although TABLE 1 shows the socialization of Alaska Natives to Western ways as occurring in the 1920s, it actually began in the late 1870s.⁶ Thus, Alaska Native cohorts who were children when they experienced separation from others through death or school, and are now Elders or seniors being relocated to assistive living facilities, may exhibit historical trauma-like symptoms. A healthcare professional who is unaware of this history may jump to the wrong conclusion and not provide the most optimal or culturally competent care for that particular person.

CONCLUSION

The cohort analysis is a tool that provides insight into the impact the historical context might have on individuals’ health beliefs. Preliminary research indicates that historical events such as the “great death” and boarding-school experiences for Alaska Natives may be reflected within their values, health beliefs, illness behaviors, self-image, and degree of trust of the health professional as well as their expectations of their providers. Further investigation into significant historical differences between the various Alaska Native groups needs to be performed by the AKGEC. However, preliminary evidence indicates that

the cohort analysis approach is useful as an educational aid in training health-care professionals in gerontology and geriatrics and in training a culturally competent and sensitive healthcare workforce.

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