Aboriginal, Navajo Patients: Providing Culturally Competent Care

What We Know

In 2010, the United States Census recorded approximately 2.9 million Native Americans (formerly called American Indians) from more than 550 federally recognized tribes in 35 states. The Navajo, or *Dineh*, which in Navajo translates as “The People,” are the second largest tribe of Native Americans, with close to 300,000 members, which is surpassed only by the Cherokee with approximately 730,000 members. There are more than 70 clans in the Navajo tribe, and their history extends more than 1,000 years. The Navajo Nation has specific rules for membership: a person must prove at least one-quarter Navajo ancestry and have no membership in any other tribe. (10, 19, 27, 28)

The Navajo Nation is sovereign. Although the tribe has governing authority in the Navajo Reservation, they are obligated to collaborate with the Bureau of Indian Affairs, which is a unit of the United States Department of the Interior, in matters related to the administration and management of the Reservation land, which is held in trust by the U.S. The Navajo Reservation is larger than the 10 smallest states combined and extends over 27,000 square miles throughout Utah, Arizona, and New Mexico. It is largely in the area identified as the “Four Sacred Mountains” (also called the Four Corners), which is the traditional Navajo homeland. Historically, the Navajo lifestyle was nomadic because of the need to find fresh grazing grounds for their herds of sheep. Today, tourism, industrial development, oil production, and coal and uranium mining are the principal sources of revenue. The Navajo are renowned weavers, potters, and silversmiths. Many Navajo have emigrated from tribal lands in search of employment; however, members return to tribal lands frequently to reestablish their cultural bonds. (2, 10, 17, 19, 20, 22, 27)

Navajo have a history of oppression from the dominant White culture. They were forced to move from their homeland to Fort Sumner, New Mexico, over a period of 4 years beginning in 1864. The memory of this forced relocation, called the “Long Walk”, and certain other federal actions are considered to be painful chapters in Navajo history and defining elements in their cultural identity. (6, 19)

The Navajo are matrilineal, and grandmothers and mothers are at the center of the community. They are a socially and culturally independent people that have large, extended families. Relationships are characterized largely by consensus and cooperation rather than competition and independence, and it is expected that individual ambition will be subordinated to group interests. Generally, Navajo individuals seek to avoid conflict. In the event of a disagreement, the parties do not address one another but attempt to resolve conflict through third-party compromise. A telling insight of the Navajo character and spirituality is found in the naming of children. Although children are given names at birth, the name is not revealed publicly until their first laugh, when their soul and self-identity are considered to be viable. (2, 6, 19)

There was no written Navajo language until the 1970s, and many older persons speak little or no English. Nonverbal communication is a practiced skill, and periods of silence denote respect. The lack of written language and the complex structure of the spoken language was considered to be an advantage of the Navajos during World War II, when some tribal members distinguished themselves as “Code Talkers.” As members of the U.S. Marine
Corps, they were able to use a coded version of their language to transmit messages that were unintelligible to enemy forces. The Navajo language does not have a future-tense verb, in part because the future is viewed with so much uncertainty that planning is considered foolish. The structure of the language reflects the Navajo perception of time as present, past, and future, in that order. Time is considered a concept that is unique to each individual (e.g., an event begins when the individual arrives, not according to a preset schedule).\(^{(2,10,19,28)}\)

Educational achievement among the Navajo is lower than that of similar populations, and Navajos are underrepresented in colleges and universities. Historically, learning about tribal culture has received greater social support than the education offered by mainstream America. Employment is often limited because of inadequate education, and the unemployment level averages 40–50%; depending on the community, unemployment can reach 85% or be as low as 15%.\(^{(2,4,6)}\)

The traditional Navajo dwelling is a hogan, which is a dome shaped, windowless dwelling with the door positioned to the east to face the morning sun. On the reservation, the hogan is utilized for tribal ceremonies and, in rare instances, as the family home. Many Navajo live in family groups in houses and mobile homes that are dispersed over large tracts of land. These communities frequently do not have running water and are not connected to utility lines. Approximately 12% of Native American homes lack safe and adequate water and waste disposal facilities. Satellite access is often necessary for telephone, radio, and Internet.\(^{(10,17,19,20,22,28)}\)

The Public Health Service: Indian Health Service of the U.S. Department of Health and Human Services (IHS) is the principal federal healthcare provider and health advocate for Native Americans. Because of problems accessing the services offered by the IHS, the quality of Navajo healthcare is inconsistent.\(^{(10,17,19,20,27)}\)

This Evidence-Based Care Sheet is designed as an awareness tool for working with the Navajo community to encourage culturally congruent care. The information contained in this paper is intended to provide an historic and sociocultural framework in which to better understand the ancient Navajo culture and permit the clinician to incorporate elements of Navajo traditions and beliefs in the Western model of medical care. An underlying assumption of this Evidence-Based Care Sheet is that the great majority of Navajo have, to some extent, become acculturated in mainstream American life.

**Prominent Health Conditions/Risk of Health Conditions**

- **Prominent Health Conditions**
  - Heart disease is the leading cause of death among the Navajo, followed by unintentional injury (excluding motor vehicle-related death), malignant neoplasm, and diabetes mellitus, type 2 (DM2), which among the Navajo is 189% higher than in non-Aboriginal Americans. Alcohol abuse is the most prevalent form of substance abuse, and alcohol-related mortality is 4 times higher than that of other Americans and is responsible for many problems, including motor vehicle accidents (which among the Navajo is 229% higher than other U.S. populations), homicide, suicide (which is 62% higher and is a significant problem among Navajo adolescents), fetal alcohol syndrome (which is 6 times the nationwide rate), cirrhosis, and spousal abuse.\(^{(2,6,28)}\)
  - Genetic health concerns that are common to the Navajo include severe combined immunodeficiency syndrome (SCIDS; i.e., a severely compromised immune system caused by defects in T-and B-lymphocytes), neuropathy, and albinism. Additionally, cleft uvula (i.e., a minor anomaly in which the small, V-shaped, fleshy mass at the distal end of the soft palate is cleft) occurs in approximately 10% of Native Americans. Health issues related to the environment are caused largely by the impoverished economic and social conditions that are commonly found on the reservation and include the following.\(^{(2,28)}\)
    - Shigellosis and other water-borne diseases that result from impure and nonchlorinated water. Diarrheal diseases are the proximate cause of a postneonatal death rate that is more than twice that of the general American population
    - Salmonella resulting from lack of refrigeration
    - Tick fever and Muerto Canyon Hanta virus
    - Tuberculosis deaths are 600% higher than in the general population
    - Cancers of reproductive organs average 17 times higher in Navajo adolescent females than in adolescent females in the general population. It is suspected that the increased rates of cancer are caused by the release of uranium dust from local mines in the air and water supply
  - Dental caries are common among children in the Navaho Nation at a prevalence of 70–83% among children who are 2–4 years of age.\(^{(3)}\)
  - Approximately 75% of households in the Navajo Nation are occasionally to frequently unable to afford adequate food supplies. Navajo are at increased risk for malnutrition compared with other Americans.\(^{(21)}\)
• Health Beliefs

– Attitude Toward Health (2,10,20,22,24,26,28)

- Good health is defined as being in spiritual balance with nature and the community
- Many Navajo begin each day with prayer, meditation, running in the direction of the sun, and application of corn pollen, which symbolizes healthy life
- The average life expectancy for Native Americans is 2.4 years less than other Americans; no figures specific to the Navajo were found in the literature
- Birth control is not practiced by most traditional Navajo, in part because its use is perceived to disrupt natural harmony in the body

– Attitude Toward Illness and Treatment (2,9,12,17,26,28)

- Medicine and theology are closely connected in the traditional Navajo culture
- Navajos believe that physical illness is the result of violating a taboo and mental illness (sad heart) is caused by the spirits of evil persons or witches
- There are many prescriptive and restrictive taboos related to most aspects of Navajo life that involve both husband and wife, especially those related to pregnancy. For example, some believe that exposure to lightning, touching an animal that was killed by lightning, or close proximity to a dead person can cause illness and disease
- Treatment is focused on restoring “beauty” (hozho) and psychological and cosmic balance through the use of prayer, chants, or ceremonies that are often called “sings” or “ways”
- The Navajo have many ceremonies, myths, legends, and prayers to guide daily life, celebrate life-cycle events, promote harmony and health, request support and guidance, and for healing. It is believed that even though these rituals might not cure illness, they do succeed in summoning supernatural, spiritual support from the Holy People and the Supreme Creator. Traditional Navajo teaching supports the belief that if a person who is ill recounts and reenacts the adventures of a mythologic hero they like of a story, they will regain their health
- The Bead Chant is sung to heal vision impairment because it contains a story in which a man’s eyesight is restored
- The Mountain Chant or the Mountain-top-way Ceremony is performed to treat anxiety. The chant is believed to encourage good mental health because it includes passages in which knowledge is accumulated from supernatural beings
- Kinaalda or the Beauty Way Ceremony is performed at the time of a menarche to celebrate puberty in adolescent females
- Sand painting, the creation of intricate paintings made of various materials on a smoothed bed of sand, began as a system for spiritual healing. Today, sand painting is also valued for artistic purposes
- Navajos often respond to illness with stoicism because they believe that nature is more powerful than human action. Some Navajo will continue to work even when they are severely ill in an attempt to restore their relationship with nature by accepting and not confronting their condition. Pain is viewed as something to be endured rather than treated
- Approximately 80,000 members of the Navajo Nation are members of the American Indian Church and use peyote cactus during all night prayer ceremonies. Peyote contains the hallucinogenic compound mescaline and is a Class I controlled substance as classified by the Drug Enforcement Administration (DEA). The 1994 Amendment to The American Indian Religious Freedom Act permits use of peyote by legitimate members of federally recognized tribes

– Attitude Toward Death and Receiving Information About Death (2,6,10)

- Cultural Navajo teaching promotes that death be handled with minimal ceremony and limited emotional display. There is a common belief that the spirit of the dead is dangerous and can cause misfortune, sickness, or death if the body is touched. Individuals who were present at the time of death or who help prepare the corpse for burial usually observe a 4-day period of mourning and undergo a purification ritual before resuming routine activities
- Talking about terminal illness or impending death implies a wish to see the person die because in traditional Navajo culture, it is believed that language and thought have the power to control reality and shape events
- The Navajo believe that the body must remain intact and usually refuse autopsy and organ donation
- Traditional burial customs include placing a ring on an index finger and shoes on the wrong feet of the deceased. The original intent of this practice was to permit the living to recognize the dead if they return in dreams or in ceremonies
- Current Navajo attitudes and practices related to death are more consistent with those in mainstream America, largely as a result of more frequent interaction between the cultures and the influence of Christianity

– Attitude Toward Health Professionals (2,6,7,10,19,27)

- The areas of practice among traditional Navajo clinicians are divided by those working with the power of good, evil, or both good and evil
**Hataalii** (also called singers and chanters) are held in the highest esteem of all traditional practitioners. They oversee ceremonies and are believed to heal through the power of their songs and chanting prayers, which are known as hataal.

- Crystal-gazers and hand tremblers are diagnosticians only and do not provide treatment. They are believed to have the ability to transform themselves to other life forms
- Herbalists, masseuses, and midwives do not have supernatural powers and treat conditions only after they are diagnosed by others

Practitioners who concentrate on the soul use their powers to dispatch guardian spirits to care for a lost soul

A complex set of traditional philosophies and beliefs called the Hozho Wellness Philosophy guides the thoughts, actions, and behaviors of traditional Navajo people with regard to health and many other life issues.

- The Navajo generally are a private people who do not readily share their thoughts and feelings with those who are outside the family. Nontribal healthcare practitioners might need considerable time to build trust to initiate effective communication that is reciprocal
- The Indian Preference Law requires that Native Americans be hired for employment with this when possible

**Attitude Toward Natural and Alternative Health**
- For information, see *Attitude Toward Illness and Treatment, Attitude Toward Health Professionals, Hospital Visitors, and Religious/Spiritual Support System*

**Attitude Toward Communication (6,10,20)**
- The preferred style of communication among the Navajo includes the following:
  - Direct eye contact is considered rude and can be perceived as confrontational, even among close friends
  - Loud speech is viewed as unrefined. Long periods of silence indicate maturity
  - Physical touch other than a light, grazing handshake is unacceptable among individuals who do not share a close bond
  - Pointing with a finger is discouraged. Individuals shift their lips to indicate direction
  - Sharing personal feelings and thoughts with non-clan members is unusual
- The Navajo expectation is that behavior and public demonstration must reflect a mastery of the subject. Questioning a patient's symptoms to form a diagnosis can promote doubt. Individual mistakes (e.g., answering questions incorrectly, an error in performing a demonstration) are not easily excused or forgotten
- The Navajo concept of time is casual. Punctuality for appointments and close adherence to prescribed schedules for medication can be problematic

**Attitude Toward Dietary Needs (2,6,7,10,19,20,25)**
- Food is an important component of the Navajo social and cultural experience and is a major component of many ceremonies
- Food consumption is influenced by tribal practices, geographic region, and availability. Limited access to utility service often restricts the consumption of perishable items
- Approximately 30% of total energy intake comes from sweetened juices and drinks, soft drinks, bread, Navajo tortillas and burritos, and fried potato dishes. The typical diet is high in processed meats and sweetened drinks, and low in vegetable content
- Sheep, which remain a significant source of income for many Navajo clans, constitute a major source of protein along with wild game such as deer and rabbit. Sheep brains are considered a delicacy. Pigs are raised for meat and the lard obtained from pigs is often used in food preparation. The prevalence of obesity among the Navajo is 45% and is associated with the high consumption of carbohydrates and fats
- Corn and squash are important staples. Foods found in the wild (e.g., fruits, berries, roots, potatoes, wild greens, and sumac and juniper berries) are traditional components of the diet
- 79% of Native Americans are lactose intolerant, and this often results in vitamin D deficiency

**Attitude Toward Self-Directed Care (2,4,7)**
- Results of the 2006 Health and Nutrition Examination Survey sponsored by the U.S. Centers for Disease Control and Prevention (CDC) showed the following regarding Navajo populations:
  - 32.8% of men and 24.2% of women over 18 years of age currently smoke
  - 7% use smokeless tobacco
  - Alcoholism is 510% higher than that of the general American population
- 10.6% of the population is in “fair or poor health” according to self-report and 21.8% of Navajo of all ages report having a limitation in usual activities because of one or more chronic health problems
• Family Participation
– Family Structure
(2, 10, 22)
- The nuclear family unit and relatives from the female side of the family (e.g., maternal grandmother, sisters, aunts) are the center of Navajo society
- Children are taught by emphasizing the consequences of their actions and discipline is rare. They are encouraged to make their own decisions in keeping with the cultural premise that no one can speak for another

– Family Support System
(2, 22)
- The extended family has an economic and social function. The individual Navajo is rarely isolated from supportive family relationships on the Navajo Reservation
- Older persons are viewed with respect and younger family members are expected to provide care for them. There are few skilled nursing facilities or long-term care facilities that focus on care of Native Americans. Older members of the tribe are addressed as “mother” or “father” by nonfamily members
- The appropriate decision maker is usually an older woman, generally the maternal grandmother, who is frequently consulted for most decisions, including those concerning healthcare
- If necessary, a sister is expected to care for her sister’s children as her own

– Hospital Visitors
(6, 10)
- Typically, Navajo patients have extended families that are expected to remain in close proximity during a hospital stay. Because hospitals are sometimes viewed as places where deaths have occurred and evil spirits can remain, family members often believe it is necessary to protect their loved ones
- Hospitalized patients often request permission to conduct healing ceremonies
- *Jish* (medicine bundles) are often kept near patients and include sacred items such as corn pollen, feathers, stones, and other instruments for healing and blessings

– Religious/Spiritual Support System
(10, 22, 24)
- The majority of Navajos follow one of the following three religions: Christianity, Navajo Way, or American Indian Church, formerly called the Native American Church
- Adherents to the Navajo Way or the American Indian Church believe in a Supreme Creator and that all things on Earth—living and nonliving—have a spirit. Higher spirituality is based on harmony with nature and others

• Barriers to Care
– Attitude About Gender
(2)
- Women resist care and treatment provided by male practitioners, especially for intimate issues and conditions and particularly during menses. Same sex healthcare providers are preferred
- Commonly, women are extremely modest. Older women routinely wear several layers of undergarments

– Attitude About Contact With/Receiving Care From Individuals of Other Racial/Ethnic Groups
(10, 22)
- The Navajo are generally accepting of other cultures
- Alternative lifestyles (e.g., homosexuality) are considered to be a private matter and are not discussed openly

– Attitude About Receiving Treatment/Seeking Care
(2, 6, 10, 20)
- Both Western medicine and traditional Navajo practices are generally respected, and patients frequently seek health care from both sources
- Because nature is perceived to be more powerful than humans, Navajo often respond to illness with stoicism. Some Navajo continue to work even when they are severely ill in an attempt to restore their relationship with nature by accepting and not confronting their condition
- Pain is viewed as something to be endured rather than treated
- Navajo have almost twice the rate of adverse reactions to lidocaine as Americans of European ancestry

– Attitude About Political Issues
(6, 10)
- Although the Navajo Nation is sovereign in the boundaries of the Navajo Reservation, the system of tribal government was originally imposed by the U.S. Government. The independent function of the Navajo Nation has been further constrained by the federal government through the restriction of Navajo control of reservation resources (e.g., land, water, oil, gas, minerals)
What We Can Do

› Become knowledgeable about the Navajo culture so you can accurately assess your patients’ personal and cultural beliefs and health education needs; share this information with your colleagues (1-5, 8-11, 13-15, 16-18)

• Be aware that all Navajo, even those in the same clan, do not necessarily hold the same views or follow the same practices because the traditions of each Navajo community can vary from the larger culture

• Be sensitive to the potential conflict between modern healthcare practices and the Navajo culture, tradition, and religion. Negotiate care and implementation of prescribed treatment regimens with your patients within the framework of their values. Be mindful that even if your patient does not live on the Navajo Reservation, they might continue to hold strong cultural beliefs

• Be aware of the slower, more contemplative speech and formal means of interaction that characterizes the style of communication among the Navajo. Recognize that some patients, especially older persons, might require an interpreter

• Recall the Navajo belief that words have power to influence events and consider that it can be appropriate to discuss terminal health conditions by referring to a third person, or use an anecdote or metaphor

• Involve the appropriate decision maker, which is often the maternal grandmother, in health-related decisions

• Recall that the skin tone of Native Americans ranges from light to very dark brown
  – Oxygenation is often best evaluated by examining mucous membranes and nail beds for capillary refill
  – Anemia should be suspected if a grayish hue to the skin and pallor in mucous membranes are observed
  – Jaundice is suggested if the patient’s sclera is yellow
  – Mongolian spots are frequently observed on infants and newborns and should not be mistaken for abuse

• Organize flexible appointments and, if possible, prescribe medication that does not require a rigid schedule to respect the Navajo’s casual view of time
  – Attempt to schedule as many services as possible during a “one-stop shop” visit (e.g., appointment with clinician, treatment, prescription service)
  – Remember to check immunization status and encourage inoculations if not current

• Be alert to seemingly nonverbal signs of pain and discomfort and offer appropriate prescribed relief

• Provide information to parents about the importance of regular teeth brushing, flossing, and annual dental appointments throughout childhood and adulthood to prevent dental caries (23)

• Ask your patients if they are using any traditional treatments, consulting traditional practitioners, or taking any over-the-counter medications or supplements
  – Educate regarding potential interactions between traditional and Western healthcare treatments and medications
  – Do not remove traditional objects or substances related to the Navajo beliefs that might be placed at the bedside (e.g., corn pollen sprinkled around the bedside, medicine pouches)

• Considering the inconsistent availability of utility service on the Navajo Reservation, verify that your patients have access to appropriate storage for medications

• Be mindful of the statistically lower level of education and focus teaching efforts appropriately. Recall the Navajo language was recorded relatively recently and as a result, many older Navajo do not read their language and do not understand English

• Recall the scarcity of skilled nursing facilities and long-term care facilities that can provide culturally congruent care. Plan accordingly if discharge of an older person to a nursing home is anticipated, and request referral to a social worker who is knowledgeable concerning Navajo resources to assist with appropriate patient placement

• See the series of Evidence-Based Care Sheets on Aboriginal populations for additional information

### Coding Matrix

References are rated using the following codes, listed in order of strength:

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<th>Code</th>
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<td>SR</td>
<td>Published systematic or integrative literature review</td>
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References


