

## **BLANKETS – POINTS FOR DISCUSSION**

- 1. How does cultural background intersect with the healthcare system in negative ways in the skit? (father doesn't have privacy, is vulnerable and exposed; father of pregnant pt feels he needs to implement protective rituals; narrator feels nursing staff is judging is father as a alcoholic, worthless Indian)**
- 2. What point does the skit make about minorities not necessarily understanding or supporting each other? (black nurse does not seem to see a common bond between them; even Natives do not necessarily have cultural assumptions in common – irony of assuming Indian blankets)**
- 3. How does culture support and hold up its adherents? (the old man's serene belief in the efficacy of his rituals and song; the narrator and father singing together – everyone in the hospital recognizes something transformative and healing is transpiring)**
- 4. Generational tensions – the younger generation (narrator and old man's son) are more skeptical of tradition; yet it still has some meaning to them as well. "The song is only temporary, but right now, temporary is good enough."**
- 5. How does the singing affect the nurse? (she allows herself to experience the healing that is embodied in the song)**
- 6. What do we learn about the impact of disease and surgical intervention on the patient? (he has become incomplete, less whole). On the family member? ("first sting of grief"; both angry at and wanting to support his father)**

## **Native Americans' Relationship to HealthCare System**

- 1. Roadblocks to optimal self-management – lack of information about diabetes; lack of understanding in families of needed dietary changes**
- 2. Communication barriers (distrust, misunderstanding, and educational methods) and organizational barriers (quality of care and access issues)**
  - a. DSM education has been less successful in tribal communities.**
    - 1. Native Americans may experience these regimens as**
    - 2. oppressive because their holistic worldview of health and balance are marginalized by the predominant health care models**
    - 3. emphasis on individual self-efficacy, individual care at odds with tribal values**
    - 4. felt uncomfortable with support groups and diabetes classes (school and education have negative connotations because of history) – would have preferred story telling, talking circles, community members as peer facilitators, cooking demonstrations with traditional foods**
  - b. Mistrust of healthcare systems rooted in historical mistreatment by government and church officials**
    - 1. Stereotyping by healthcare personnel – "just another drunk Indian"**
    - 2. Felt being punished by healthcare personnel for having diabetes – interrogated, judged – didn't feel like a partnership**
    - 3. Worried they were getting substandard care (perceived inferiority of generic vs. "real" medicine)**

- 4. Patients labeled as difficult, fatalistic, noncompliant**
- c. Patients need not just cognitive information but heart connection to establish trust**
- d. Importance of teaching about racial bias and ethnocentrism – value of cultural humility**
- e. Families**
  - 1. Struggle to provide diabetes-friendly diet with traditional foods**
  - 2. How to manage pt. depression, anger, frustration, guilt**
  - 3. Substandard living conditions, esp. on reservations**
  - 4. Family orientation of culture put more burden on family members – Indian coping strategy “passive forbearance”**