



# LA REVUE

The Official Student Newsletter for Tulane University School of Public Health and Tropical Medicine Department of Health Policy and Management. By Students, For Everyone!

## CULTURAL HUMILITY & NATIVE HISTORY

### Cultural Humility in Public Health

By: Kobe Walker

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**November is Native American Heritage Month.** Building on what we know about Native Americans and Alaskan Natives, and the different cultures within this umbrella term, cultural humility is essential.

Cultural competency has many meanings, but at its core it is an understanding of cultures other than your own. As emerging public health professionals, cultural competency will be important to build upon throughout our careers as it can significantly improve health outcomes.

I recently learned in Professor Emily Harris' Health System Concepts class that cultural competency as a term doesn't exactly encompass the goal that it is trying to achieve. Cultural competency suggests that someone from an outside culture will be able to fully understand another culture after learning, but this is simply not the case. Understanding other cultures takes time and evolves with respective communities. In class, Professor Harris mentioned that the term *cultural humility* better achieves this goal. The National Institute of Health (NIH) says that "cultural humility is a process of self-reflection and discovery in order to build honest and trustworthy relationships" (Yeager 2013). Cultural humility suggests that one can never fully understand a culture they are not a part of, but they can be educated and supportive.

There are 573 federally recognized Native American and Alaskan Native tribes in the United States (Indian Health Service 2021). It would be incredibly difficult to understand all of these cultures, but learning about the disparities that impact these communities can help build trust between them and healthcare professionals... (Cont. on next page)

## Continued... Cultural Humility in Public Health

By: Kobe Walker

...One of the disparities that Native Americans face in healthcare is a lack of understanding among providers of culture in these communities. Coupled with “inadequate education, disproportionate poverty, and discrimination in health delivery,” lack of cultural understanding has led to Native Americans having shorter life expectancy than all other race populations in the US (Indian Health Service 2021). Cultural humility in public health could significantly impact the health care that Native Americans and Alaskan Natives receive in the health systems that we work in.

Looking past a patient’s condition is a crucial aspect of having cultural humility. It can be easy to associate a patient’s condition to their habits or stereotypes among the cultures they associate with, but delving deeper into any health disparities is a positive step towards change. As policy experts and administrators, we have the ability to alter the health of large communities by understanding what some of these disparities are and how to combat the impacts that they have on patients. Our willingness to talk about and change these disparities and inequities can only make us better public health professionals.

<https://pubmed.ncbi.nlm.nih.gov/23938129/>

<https://www.ihs.gov/newsroom/factsheets/disparities/>

## History of the Indian Health Service (IHS)

By: Rowan Poehler

The Indian Health Services (IHS) as we know it today was officially created in 1955. However, forms of this agency have existed since the 1800s. The foundation for the IHS is the numerous treaties between the federal government and Tribal governments regarding land rights. Healthcare access is technically considered to be payment to Native Americans and Alaska Natives (NA/AN) for land the federal government stole.

Smallpox vaccines were one of the first forms of healthcare the federal government provided to NA/AN. Smallpox, along with numerous other deadly diseases, was brought to the Americas by European settlers and was catastrophic for Native communities. The military was originally responsible for providing the vaccines and other forms of healthcare because the Bureau of Indian Affairs (BIA) was in the War Department until 1849. After this, the BIA was transferred to the Department of the Interior.

In 1921, the Snyder Act gave continuing authority to fund programs that provided health services to NA/AN. Despite the Snyder Act, infant mortality and infectious disease deaths remained high. These high

rates prompted the United States Public Health Service (USPHS) to officially take over responsibility for providing healthcare to NA/AN in 1954, and the modern Indian Health Service was officially created the following year.

Currently, the IHS serves approximately 2.5 million people from the 574 federally recognized NA/AN tribes. The IHS is not health insurance. People eligible for services from the IHS can only receive those services from IHS owned or funded facilities, such as hospitals or clinics. These facilities are often located on or near reservations, mainly in the western half of the country. The IHS can reimburse for care received at non-IHS facilities, however the claim must meet all the requirements to be eligible. The IHS is notorious for being underfunded, with spending in 2019 averaging at \$4,078 per person, whereas Medicaid spending per person was \$8,485 in the same year (CMS, 2019). Native Americans and Alaska Natives deserve to have a health service that is well funded with adequate resources to provide high quality care.

[https://www.ihs.gov/sites/newsroom/themes/responsive2017/display\\_objects/documents/GOLD\\_BOOK\\_part1.pdf](https://www.ihs.gov/sites/newsroom/themes/responsive2017/display_objects/documents/GOLD_BOOK_part1.pdf)

<https://www.ihs.gov/>

<https://www.cms.gov/files/document/highlights.pdf>

## Faculty Spotlight: Andrew Anderson, PhD, MHA

### Can you share with me a bit about your experience in your education and research?

I was born in Maryland and went to public schools there. My desire to conduct health equity research stems from the difficulties I experienced helping my family navigate the healthcare system at a young age. As a doctoral student at the University of Maryland, I received a fellowship with the Robert Wood Johnson Foundation (RWJF) that provided me with resources, a community of scholars at universities across the country, and mentors that helped me refine my research interests. I ultimately accepted a position as a research scientist where I led work on a large project funded by the Centers for Medicare and Medicaid Services on health inequities.

Interviewed By: Andrew Kamali



### What shifts in policy do you think would be most impactful?

I lean towards interventions that induce changes on the supply side rather than attempting to change patient behaviors through demand-side interventions. While I endorse some comprehensive proposals for health reform, I spend more time thinking about making smaller improvements in the system we have. On a policy level, we can do more to improve healthcare delivery through better standards for accreditation, tying payment to quality improvement, and public reporting of quality measures.

### What brought you to academia?

Academia offers the freedom to think outside the box and pursue ideas that I believe are worthwhile. But more importantly, it's offered an opportunity to mentor and work with brilliant students that will become leaders and shape the future of health care delivery. My goal is to hire and train people who are cleverer than I am so that their careers surpass my own impact.

### What is your current research focus?

My research is focused on identifying gaps in care among historically marginalized groups of people, interventions to improve the quality of care, and implementation science to translate research into practice. My projects focus on building trust between patients, providers, and healthcare institutions to support high-quality care. I recently received funding to assess the use of tools to measure trust in healthcare settings, conduct qualitative research with patients that historically have high levels of mistrust in healthcare, and conduct a pilot randomized control trial to test an intervention for improving trust. I am also pursuing work to restructure existing quality measurement tools to measure healthcare equity.

### What do you love most about New Orleans? Any recommendations?

I moved to New Orleans during the pandemic, so I am still learning about the city. So far, I most enjoy a feeling of solidarity. The city has so many traditions that people from all backgrounds can contribute to and participate in.

### Why is HPAM-7100 an important course for HPM students?

Population Health Analytics is a course that gives students hands-on experience analyzing data to illustrate things like participation rates in safety net programs and the measurement of disparities across several dimensions. The course creates a structured environment to identify a topic for analysis, formulate a hypothesis to analyze data, and practice presenting those data.

### What is the ideal day off for you?

It is day spent in the company of my close friends and family, comfort food, music and nature. I spend most of my leisure time reading, cooking, going on long runs, and walking.

### Any advice you would give to students?

People early in their careers encounter many big decisions and can get anxious about making the proverbial "right" choices. Some of the best advice I've heard recently is that life is a story. Your job is not to tell the right story or the best story. It's just to tell a story that you can be proud of.



# Native American and Alaskan Native People in Public Health

By: Alison Hurwitz



## Susie Walking Bear Yellowtail: “Grandmother of the American Indian Nurses”

Susie Walking Bear Yellowtail was born in 1903 and raised in a boarding school on the Crow Reservation. She became the first registered nurse among the Crow people and traveled the country to promote health. Yellowtail worked to mitigate language barriers that affected the medical care of Native Americans and was an appointee on the President’s Council on Indian Education and Nutrition and the US Department of Health, Education and Welfare’s Council on Indian Health. She was named the “Grandmother of American Indian Nurses” by the Crow people (CDC, 2021).



## Dr. Everett R. Rhoades: First Native American Director of the IHS

Dr. Rhoades is a member of the Kiowa Tribe of Oklahoma and was the first Native American director of the Indian Health Service (IHS). In 1971, Dr. Rhoades created the Association of American Indian Physicians (CDC, 2021). Furthermore, Dr. Rhoades continues to serve on the Board of the Oklahoma City Indian Clinic and has written over 100 scientific papers (Triado, 2012). He worked tirelessly throughout his career to improve access to quality healthcare for American Indian and Alaskan Native people.



## Annie Dodge Wauneka: Presidential Medal of Freedom Winner

Annie Dodge Wauneka was born in 1910 and was the first woman elected to serve on the Navajo Tribal Council. Wauneka was responsible for the inauguration of campaigns against influenza, trachoma, tuberculosis, contaminated drinking water, alcoholism, and the use of peyote on the reservation. She also created an English-to-Navajo medical dictionary (CDC, 2021). Wauneka was awarded the Presidential Medal of Freedom for her work in 1963. She also served on the advisory boards of the US Surgeon General and the US Public Health Service. The Navajo Council designated her “The Legendary Mother of the Navajo Nation” in 1984 (National Women’s Hall of Fame, 2021).



## Dr. Jeff Henderson: Founder of the Black Hills Center for American Indian Health

Jeff Henderson, MD, MPH, is a Lakota Indian and member of the Cheyenne River Sioux tribe of north-central South Dakota. Dr. Henderson founded the Black Hills Center for American Indian Health (CDC, 2021). The organization’s mission is to “enhance the wellness of American Indians through research, service, education, and philanthropy” (BHCAIH, 2021). Dr. Henderson and the Black Hills Center for American Indian Health have received nearly \$30 million through 50 research grants and contracts, largely from the NIH and CDC (BHCAIH, 2021). Much of Dr. Henderson’s research has been centered on the impact of traditional food and medicines on Native health and wellness (CDC, 2021).



## The “Lakota Grandmas”

During the tuberculosis outbreak among the Cheyenne River Sioux tribe in 1953, four Lakota grandmothers, Phebe Downing (Standing Rock), Eunice Larrabee (Cheyenne River), Alfreda Janis Bergin (Pine Ridge) and Irene Groneau (Sisseton-Wahpeton), founded the Lakota TB and Health Association (CDC, 2021). Their work contributed greatly to the development of the Community Health Representative programs with the IHS.

“American Indian & Alaska Native Contributions to Public Health.” Centers for Disease Control and Prevention, Centers for Disease Control and Prevention, 19 May 2021, <https://www.cdc.gov/tribal/tribes-organizations-health/contributions/index.html>.

“Black Hills Center for American Indian Health: United States.” Black Hills Center for American Indian Health, 2021, <http://www.bhcaih.org/>.

Triado, Michelle. “Revolutionary Rhoades: At Age 80, the First Native IHS Director Is Still Improving the Indian Health System.” Indian Country Today, Indian Country Today, 23 Mar. 2012, <https://indiancountrytoday.com/archive/revolutionary-rhoades-at-age-80-the-first-native-ihs-director-is-still-improving-the-indian-health-system>.

“Wauneka, Annie Dodge.” National Women’s Hall of Fame, <https://www.womenofthehall.org/inductee/annie-dodge-wauneka/>.

# A Discussion on Cultural Competency with Tribal Lawyer Andrea Smith, JD

Interviewed By: Shelby Olin

Until this spring, Andrea Smith was in-house counsel for a tribe in Washington. Currently, Smith is doing similar legal work through consulting in different tribes while residing in Alaska. She primarily deals with issues relating to the provision of social and health services. Smith became interested in Tribal law due to her background as a “multicultural, multilingual beach girl from Hawaii”. Throughout her life, she always believed that she would do work involving small community settings where she could help people. Tribal law fit perfectly with her goals and values. Smith’s work revolves around “poverty” law, as well as law that relates to families. People joke that she is more like a social worker at heart than a lawyer. “I figure we’re all people first,” says Smith, “and then we can gain proficiency in our job skills as we practice”.

## How do you think cultural competency can be applied among multiple disciplines?

Systemic change and growth can happen when there’s enough usable information available. There are 574 federally recognized tribes in the U.S., and more of them who haven’t gone through the federal recognition process. They are all different. Depending on whether the person asking you questions or providing advice is older, the answer may be yes or a head nod, which may not necessarily indicate agreement. Not looking one in the eyes may not signify lack of attention or understanding, either.

While one is learning to become proficient in another culture’s language, it’s important to question what you might be assuming, and then double-check. If that means re-wording the question, that’s fine. It takes practice and self-awareness to do this. It’s great to know there are so many people who are aware of the needs for cross-disciplinary training and understanding to provide effective services and are working hard to contribute to change in older unworkable systems. It starts with not being afraid to ask questions when something doesn’t seem to apply or make sense.

## Why do you think increasing cultural competency among policy and management professionals is important?

If policy and management professionals have a solid understanding of the facts, they can make informed decisions about necessary systemic improvements that are more sustainable in the long run. Instituting policies or procedures needing constant revision is an inefficient and costly way to run systems. It might take more effort, initially, to determine what’s a priority to tackle and what can wait, but if policy and management professionals are aware of what needs to be handled, it’s more likely they’ll be better advocates for communities who need the assistance.

## In what ways have you seen an increased focus on cultural competency be beneficial to your work with native populations?

I have seen more indigenous and American Indian/Alaska Native people entering positions where they can effect change or have a voice at the table where issues concerning those populations are being discussed. It has resulted in more funding flowing to chronically under-funded (and still under-funded) and over-burdened community health centers. The call for “decolonization of data” is getting stronger, and it provides information necessary for systems to address deficiencies that have been previously overlooked or disregarded.

It has also resulted in professionals asking more detailed and helpful questions about how things can change at different levels. Educated professionals working on federal legislation can talk with tribal partners and ask specific questions. There’s a difference between asking, “Is diabetes a problem in your communities?” versus “How are you speaking with your patients about links between nutrition and diabetes?” or “Are there materials or kinds of information we can help distribute to assist, and how would it be most appropriate to distribute the information?” It’s possible elders won’t read the pamphlet if mailed to them, but if the information is given at a breakfast provided in the elder center, with the ability to talk with others afterward, it’s more likely to be helpful.

It also helps to have familiar faces providing the information, because then people are more likely to understand it can apply to them. Indian Country is smaller than people realize, and many of us know one another through attendance and training at the same conferences and meetings.

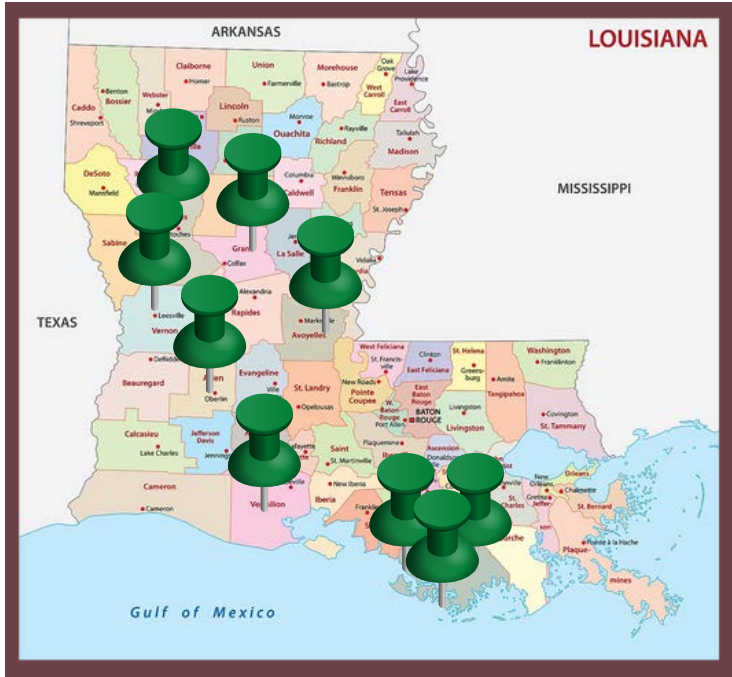
*This piece is an excerpt of an interview-- for more information/to hear more about the full interview email [solinetulane.edu](mailto:solinetulane.edu)*



# Native American Visibility in Louisiana

By: Kaylee Giacomini

## Some Tribal Communities in Louisiana



### Chitimacha Tribe

Parish: St. Mary

### Coushatta Tribe

Parish: Allen & Jeff. Davis

### The Jena Band Choctaw Indians

Parish: Grant

### Tunica-Biloxi Tribe

Parish: Avoyelles

### Adai Caddo Indian Nation

Parish: Natchitoches

### Four Winds Cherokee Tribe

Parish: Vernon

### Isle De Jean Charles Community

Parish: Terrebonne

### Pointe-Au-Chien Indian Tribe

Parish: Terrebonne

### United Houma Nation

Parish: Terrebonne

## History & Culture in NOLA

### **The Chitimacha Tribe**

New Orleans is known for its rich culture, and a significant portion of this includes Native American influence. The original inhabitants of the land that is now New Orleans was the Chitimacha Tribe. The Chitimacha Tribe has existed for thousands of years, and by the 17th century they were recognized as the most powerful tribe between Texas and Florida. French settler, Pierre Le Moyne d'Iberville, declared war on the tribe, but when peace was finally established the US government recognized their right to land ownership. In 1916, they became federally recognized ([Chitimacha.gov](http://Chitimacha.gov)).

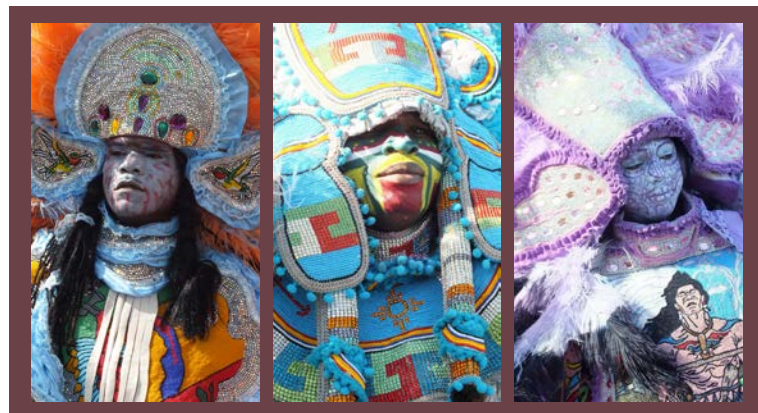
Today, the Tribe resides in St. Mary Parish and includes over 1300 members. They are community leaders who work to preserve their culture for generations to come.

### **Mardi Gras Indians**

It is impossible to talk about Native influence in New Orleans without discussion on the Mardi Gras Indians. In the 1800s, Native Americans in the area such as the Chitimacha Tribe helped shield runaway slaves on the way to freedom. Mardi Gras Indian culture is built on the friendship between Natives and the enslaved African people that they assisted.

Today, there are over 40 Mardi Gras Indian "Tribes" in New Orleans that perform each year on Fat Tuesday, Super Sunday, St. Joseph Day, and even at Jazz Fest.

[The Backstreet Cultural Museum](#) and the [House of Dance and Feathers](#) have exhibits on the rich history of the Mardi Gras Indians if you would like to learn more ([NewOrleans.com](http://NewOrleans.com)).

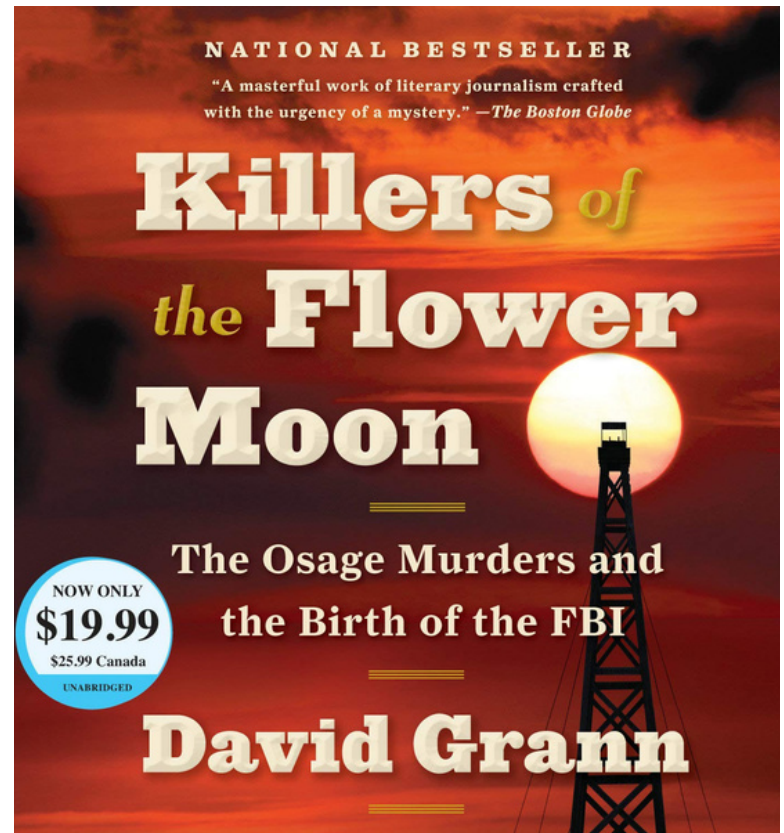


## Book of the Month

By: Rowan Poehler

### Killers of the Flower Moon Author: David Grann

Did you know that members of the Osage Nation were once the richest people per capita on earth? *Killers of the Flower Moon* (2017) by David Grann tells the story of how racism, greed, and corruption led to the Osage being systematically murdered for their money in the 1920s. The local law enforcement was so corrupt that the brand new Bureau of Investigation stepped in. This novel tells the sordid details of the United States Government's cruelties towards the Osage Nation throughout history and how all of these atrocities still impact the Osage people today. Grann explains the little known history of the Osage murders in a thought provoking, well-researched, true crime narrative.



## Podcast of the Month

Excerpt from *Powwows*

### All My Relations

Hosts: Matika Wilbur & Adrienne Keene

The “All My Relations” podcast is hosted by two amazing women and storytellers: Matika Wilbur, from the Swinomish and Tulalip peoples of coastal Washington, and Adrienne Keene, a citizen of the Cherokee Nation. Together, they explore what it means to be a modern Native individual.

They speak on representation and how Native peoples are represented—or rather misrepresented—in mainstream media. Between them, they have decades of experience working in and with Native communities, and writing and speaking about issues of representation.





## Research Spotlight: Brigham Walker, PhD

Interviewed By: Shelby Olin

### How did you become interested in your research topics?

I am generally interested in measuring how health care stakeholders respond to information and incentives. This includes topics like provider responses to payer reform, patient responses to new insurance designs, and how both groups respond to information about each other, which comprises my health equity line of research. As an economist I am interested in how society efficiently allocates health care resources, and as a member of that society I am interested in the fairness of that allocation. More informally, though, I think I always knew that I was interested in health because of its universality and in equity because of its intuitive goodness, and combining these interests made sense.

### Do you find that there are connections between your two research projects?

Definitely. One of my projects is the Tulane Health Equity and Access Lab (HEAL), which I co-lead with Janna Wisniewski to measure inequities in health care access through field experiments. Another project is the Telemedicine: Disparities in Access and Quality (TDAQ) study, which is a collaboration with Kevin Callison, Andrew Anderson, Thomas LaVeist, and Yixue Shao. Both projects squarely focus on measuring health care access inequities with the goal of reducing them.

### Do you have any advice for students that want to get involved with faculty research?

I think that everyone has something unique to contribute, whether it's a particular life experience, a specific bit of knowledge, or a creative perspective on how to make sense of data. So, please don't be shy in reaching out to and following up with faculty - our job is to empower you with tools and skills to think critically and to rigorously deepen our understanding of the topics that you care about. Being a student is also a bit of a limited time opportunity, so please take advantage of it. Your interests may lead to a cool publication or an unexpected passion for research that changes your life's trajectory; you just never know until you reach out.

## Student Spotlight: Tiange Tang - First Year PhD

Interviewed By: Eli Santiago



Tiange Tang is an adventurer. Coming from an undergrad at Huazhong University of Science and Technology, he wanted to see more of what life had to offer. Traveling as a student and as a professional are two very different experiences, so Tiange enrolled in a Masters program at NYU in Global Health. While here, he got to live in and experience New York City for the first time. When his masters program concluded in 2020, it was time for him to discover someplace new.

Aiming to improve his skills in quantitative research, Tiange is now a first year PhD student in the HPM department under Dr. Shi. He hopes to work on projects around population health for his dissertation and is interested in leveraging what he learns here towards the field of AI and artificial learning. And Tiange is still exploring; he loves camping and hiking, hopes to visit national parks, and he has been exploring all over New Orleans.



## Events

- November 22 - 26: Thanksgiving Break
- November 29: Classes resume
- December 3: HMSLA Semester Celebration
- December 6: People in Policy: David Beyt on Framing evidence-based policies for a political environment
- December 8: HPM Department Holiday Party
- December 21: Final day of classes



## Welcome Baby Alma



Congratulations to Saleh and Afarin on your beautiful baby! Join us in welcoming baby Alma to the HPM family!



## Your Editors

Kaylee Giacomini, Eli Santiago, Shelby Olin, Kobe Walker, Nnenna Ukpaby, Joey Ballan, Siddhesh Desai, Michael Fabrizio, Alison Hurwitz, Andrew Kamali, Rowan Poehler, Sauren Stone

## Write for the Newsletter

### Join Our Team

If you'd like to join us, we can make that happen. Fill out the google form below to note your interest or email us at [hpmetulane.edu](mailto:hpmetulane.edu). No editorial experience required!

<https://forms.gle/VW2kxPV3RZeAVNbcA>

### Submit Your Work

Want to write an opinion piece?  
Need a space to share your writing, art, poetry, or photography?  
Contact us, we want you to feature it here!

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