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**Cancer Pain Education for Patients and the Public**

**Module II**  
**Cultural Implications of Pain Education,**  
**A Native American Example**

**Jeannine M. Brant RN, MS, AOCN**  
**Faculty Member**

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**Culture**

- **Defines reality for its members**
- **An individual's purpose in life is defined**
- **Sanctioned behavior within the social group is prescribed**
- **Furnishes beliefs and values that give a sense of identity, self worth, belonging, and rules for behavior**

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**World View**

- **Gives rise to health culture**
  - **values, beliefs, and practices about health promotion and illness prevention**
  - **the causation, detection, and treatment of illness**
  - **whom to go for assistance**
  - **social roles and relationships that guide the client-health provider encounter**

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**Domains of World View**

- Ethnic Identity
- Communication
- Time and Space
- Social Organization
- Workforce Issues
- Health Beliefs, practices, and practitioners
- Nutrition
- Biologic Variations
- Sexuality and Reproductive Factors
- Religion and Spirituality
- Death and Dying

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**Cultural Competence**

- Being sensitive and responsive to issues related to culture
- Not achieved by a “magic bullet” workshop
- Takes time and commitment with the specific population and includes:
  - Cultural Awareness
  - Cultural Knowledge
  - Cultural Skills

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**Cultural Awareness**

- Deliberate process of becoming appreciative and sensitive to the values, beliefs, and practices of clients
- We observe through a filter or screen which is our own culture or belief system!
- Awareness involves examining your own culture, beliefs, prejudices

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**Cultural Knowledge**

- The process of seeking and obtaining sound information about various world views of different cultures.
- Outcome: Obtain educational foundation of cultures she/he encounters in his/her practice.

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**Cultural Skills**

- Conducting a culturally based patient assessment
- Conducting a culturally based physical examination
- Nurses must use a culturally sensitive approach with all health promotion activities and teaching strategies

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**Population Identification**

- What are the most common culturally diverse groups in the geographic region?
- Are there subcultures that are a part of the overall culture?
- Consider ethnic, religious, and other culturally diverse groups

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**Population Identification**

- Native Americans (NA) comprise 7% of population in Montana - most predominate culturally diverse group
- Montana has 7 reservations with Indian Health Service (IHS) and tribal healthcare facilities and 5 urban clinics
- There are 11 diverse NA tribes living on the 7 reservations in Montana

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**Methods for Initial Population Assessment**

- NSABP Grant (1990)
  - Accrue NA patients to clinical trials
  - 1,000 Native American women interviewed 1 on 1
- Patient assessment
  - Pain assessment and consultation for hospitalized and ambulatory NA patients

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**Native American Cancer Assessment Findings**

- Many NAs would not say the word cancer for fear they would get cancer
- Cancer considered a “white man’s disease”
- Brochures found in garbages
- Most women did not know that a “painless” lump could be harmful
- Women preferred 1 on 1 education

-Fallsdown et al., 1991, ASCO Proceedings 10,89

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**Native American Cancer Assessment Findings**

- **Fear of cancer and pain**
  - Fear of contagion
- **Fatalism**
  - Those who get cancer die from cancer
- **Silence**
  - Most cancer survivors on the reservations have been silent until recently
- **Consistent with African American Assessments**  
(Phillips, 1999, ONF 26(6))

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**Native American Cancer Pain Assessment Findings**

- **Most NAs do not request prn pain meds**
- **Most NAs do not complain of pain**
- **Most NAs do not demonstrate pain behaviors**  
- considered stoic
- **Assessment of pain: includes physical, emotional, and spiritual pain that is interconnected; often cannot separate one from the other**

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**Gathering the Why's of Cultural Knowledge**

- **Panel discussions between Hospice, hospital employees, and tribal members regarding cancer, pain, and palliative care issues**
- **Examine the why's of:**
  - Communication
  - Cultural beliefs
  - Use of traditional healers and healing ceremonies within the hospital

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**Native American Pain Themes**

- Lack of reporting pain and requesting meds
  - Traditional medicine man provided for the patient; asking questions disrespectful
  - Disrespectful to request pain medications - implies healthcare provider does not know what they are doing
- Holistic pain
  - Physical pain, emotional pain, and spiritual pain are all connected; one affects the other parts

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**Cancer and Pain Education Program Development**

- Cancer outreach education on Crow and Northern Cheyenne reservations
- Seek out and establish relationships with tribal elders, cancer survivors, and role models on each reservation
- Cancer clinics on each reservation
- Cancer loan closets and support groups on each reservation

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**Use of Culturally Sensitive Materials**

- Search For and Distribution of Culturally Sensitive Materials
- Development of a Cancer Education Video: “Old Man Coyote Speaks: Standing Strong Against the Cancer Enemy”
  - involved 35 people from 12 separate tribes
  - involved 2 respected tribal elders and a woman breast cancer survivor

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**Cancer and Pain Education Program Expansion**

- Program expansion to all 7 reservations and urban Indian clinics throughout MT and to 1 reservation in WY - "moccasin telegraph"
- Predominant message is breast and cervical cancer education
- Other cancer education and pain management education intertwined in the overall program

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**Funding Sources**

- NSABP
- AVON Cosmetic Company (4 years)
- Glaxo Pharmaceutical (video production)
- Susan G. Komen Foundation (1 year)
- Montana Breast and Cervical Health Program
- Centers for Disease Control
  - \$200,000 grant in 1999-2000 for statewide educational outreach, screening

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**Pain Education Strategies for Patients and the Public**

- Identify culturally diverse persons as "at risk" for suboptimal pain management
- Offer pain consultative services
- Provide pain education at annual meetings
  - CHR annual statewide meeting
- Use Community Communication Networks
  - Television program "Medicine Wheel"
  - Newspaper: "Cancer Pain Can Be Relieved"

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**Pain Education Strategies for Providers**

- **Incorporate cultural skills throughout the region**
- **Information/role play/cultural assessment**
  - Educate ambulatory and hospital caregivers via cultural workshops and culture days
  - Educate nursing students, NP and PA students, residents
  - Educate IHS physicians, public health nurses

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**Tips for Success**

- **Find a community role model!**
  - Tribal elders, cancer survivors
  - Medicine man, traditional healer
- **Collaborate with a contact in each area**
- **Include pain with all global messages**
  - Cancer education
  - Support group interactions
- **Establish cancer clinics in the community**

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**Tips for Success**

- **Establish trust and credibility**
- **Be visible in the community**
  - “Here comes the pain nurse!”
  - “I’ve got to get in for my mammogram.”
- **Use culturally-sensitive teaching strategies**
  - gift giving and celebrations
  - food
- **Let them know how much you care - follow-up everything you do!**

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