

**Title:**

Nursing Leadership in Native American Health

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**Session Title:**

Leadership Poster Session 2

**Slot (superslotted):**

LDP PST 2: Monday, 19 September 2016: 7:00 AM-8:00 AM

**Slot (superslotted):**

LDP PST 2: Monday, 19 September 2016: 9:45 AM-10:15 AM

**Slot (superslotted):**

LDP PST 2: Monday, 19 September 2016: 12:00 PM-1:30 PM

**Slot (superslotted):**

LDP PST 2: Monday, 19 September 2016: 3:15 PM-3:45 PM

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**Purpose:**

The purpose of this presentation is to highlight health disparities present on the Native American reservations of the western United States and discuss a DNP project addressing barriers to health care.

**Keywords:**

Barriers to health care, Native American Health and Native American health disparities

**References:**

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**Abstract Summary:**

This poster presentation will highlight a DNP project focused on Native American health. This project focuses on development of nursing interventions to address barriers to healthcare on the Native American reservations in the western United States.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to identify three barriers to health care delivery on western Native American reservations.	The poster presentation will outline health disparities and barriers to health care on reservations in the western United States.
The learner will be able to discuss nursing interventions to combat the barriers to health care on the reservations.	The poster presentation will outline a DNP project to address health care barrier on the reservations in the western United States.

**Abstract Text:**

Native American populations are plagued with health disparities. The Pine Ridge Reservation, situated in the southwest corner of South Dakota, is noted to be one of the poorest counties in the country. Statistics about the health of Pine Ridge residents provided by The American Indian Humanitarian Foundation (“AIHF”) indicate that 97% of residents living on the Reservation live below the poverty line with an average household per capita income of less than \$6,000. There is an 85% or higher unemployment rate (AIHF, 2015). The average life expectancy on the reservation is between 45 and 48 years of age. Health statistics reported by AIHF include diabetes rates of 800 times the national average, infant mortality 300%-500% higher than the national average, teen suicide 150% higher than the national average, and tuberculosis at 800% higher than the national average.

The Pine Ridge Reservation is a large Native American Reservation in South Dakota. Geographically, the Reservation covers almost 3,500 square miles, making the Reservation close in size to the State of Connecticut. The population of Pine Ridge Reservation is reported at approximately 40,000 people (Friends of Pine Ridge, 2015). Healthcare on the Reservation is provided primarily by Indian Health Services (“IHS”) and facilities include Pine Ridge Hospital, Kyle Health Clinic, Wanblee Health Clinic and smaller sites at Porcupine, Allen and Manderson (IHS, 2015). Fieldwork was completed at Wanblee Health Clinic in Wanblee, South Dakota. This clinic is staffed by a physician, advanced practice nurse, pharmacist, nurse and part time radiology staff and treats both pediatric and adult patients. The Wanblee Clinic offers care of patients, as well as pharmacy, radiology (two days per week) and dental services. The clinic is limited in services that it can offer. Regular physicals, sick visits, and follow up care can easily be provided. Radiology is only available twice per week, so patients are often transferred to

another facility for urgent needs. No orthopedic or surgical services are offered. Pine Ridge Hospital is a 90 minute drive from the Wanblee Clinic. Pine Ridge Hospital is a 45 bed hospital. More complex needs will be referred to the hospital in Rapid City, South Dakota, which is off the Reservation, about two hours away. Ambulance service is also limited and may take several hours for an ambulance to arrive.

This DNP fieldwork project was made possible through collaboration with a group of health professionals from a large health system. Achieving buy in from the group to allow an individual that was not part of the health system took years. Initial planning and networking with this group began in early 2010. Travel was originally supposed to take place in 2014, but due to a change in workplace, the travel was not possible at that time and was deferred to August 2015. Personal goals for the fieldwork included travel to South Dakota, observation of life and healthcare on the Reservation and to identify how skills and resources could be devoted to improving the care of the residents of the Reservation. Significant time was spent on planning of the trip, travel to South Dakota, background checks and fingerprinting, and cultural orientation. Once in South Dakota, further cultural orientation was completed and computer training on the electronic medical record ("EMR") was completed with IHS staff at the Pine Ridge Hospital. After these initial requirements were met, work in the clinic could begin.

Fieldwork at the clinic included direct patient care, observation and discussion with clinic staff and Native American patients. Knowledge that was brought to this experience included cardiothoracic patient care, emergency room care, and case management. Patients of the clinic can make appointments to be seen or can show up and request to be seen. There is no triage system in place, making prioritization of patients and protection of staff difficult. Many patients travel long distances to be seen at the clinic. Patients are seen for everything from well visits/physical exams, follow up for chronic conditions, sick visits and diagnosis of new conditions.

At this time, a relationship has been established with a second group providing care on a reservation close to Pine Ridge. This group travels to Cheyenne River Reservation, also in South Dakota. The care provided by this group focuses on health education as opposed to direct hands on care. The role of nursing, nursing leadership and this DNP project will be to address two areas of healthcare and the barriers to healthcare on the Cheyenne River Reservation. The first project will focus on creating a tool to do a holistic evaluation of patients to evaluate all aspects of their lives and living environment which may affect health. The second project will focus on creating a training program to train home health aides to care for elders or disabled members of the tribe. This will not only create jobs for many unemployed tribal members, but will also allow the elders or disabled members to remain in their homes with assistance for self-care, ambulation, and other factors which affect safety and health.

Nursing leadership is vital to changing the landscape of healthcare delivery to the Native American populations in the western United States. Through leadership and collaboration, this DNP project will continue to build relationships and influence change to improve the lives and health of Native Americans.