Isolated cultural groups tend to be invisible to the majority society. Resources, including health care, education, and employment opportunities are frequently inadequate. Having health care professionals gain knowledge about needs of isolated members of society can promote interest in providing and supporting essential resources. Mainstream society needs to be made aware of problems of Native Americans and other indigenous people in order to bring about change. This author’s interest in practice change has developed through experience of living and working on the Navajo Nation. Professionals are in short supply, the pharmaceutical formulary is limited, and clients have to be transported more than 50 miles for comprehensive health services. Both culturally isolated clients and those who leave their home base to venture into wider society deserve to have our full attention and compassionate advocacy.

There are both advantages and hardships in working on the Navajo Nation. The warmth and acceptance by the Navajo people, the beauty of the environment, and the opportunity to learn firsthand about another culture and work in an underserved area are gratifying attributes. However, in many ways non-natives are still outsiders. Most of the Navajo Nation is isolated and remote with some environmental hazards, including uranium contaminated water. On the Navajo Nation health care is available only to Native Americans except in cases of emergency.

The Navajos have major health issues and also significant supportive factors. They have a lower health status when compared to mainstream Americans, a lower life expectancy, and several special health concerns, including: high incidences of end-stage renal disease, diabetes, suicide, alcohol dependence, and domestic violence. In addition they are limited by inadequate education, disproportionate poverty, and insufficient opportunities and employment on the reservation. They also have some quite valuable traits: a strong sense of tribal pride and kinship connections, traditional health beliefs and practices, an enduring spirit, holistic approach to life, and a collective striving to promote the well-being of the entire tribal group (Navajo Population Profile 2010 U.S. Census, 2013; Sorrell, 2013).

It is vital to recognize the connections and relationships in issues and assets of and between Native Americans, Aborigines, and other indigenous people in our world as they have many similar health issues and other concerns. They also show adaptability, community strength, a connection with the past, strong traditional kinship and extended-family structures, and holistic thinking (Durie, 2012; U.S. Department of Health and Human Services, 2017). We must disseminate knowledge about these isolated groups of indigenous people. Increasing awareness of problems and needs of those living in isolated communities can serve to promote advocacy directly and politically to meet the needs of these population groups to elevate their standard of living, including health care.

In summary, we can intervene to improve the lives of indigenous people by:

- Raising awareness of their situation through education
- Working directly with these populations
- Collaborating with colleagues especially through our professional organizations
- Advocating politically
- Connecting with local, national, and international philanthropic organizations
Title:
Assets and Issues of Navajos and Providers: Connecting Similarities With Aboriginal and Other Indigenous People

Keywords:
Aborigines, Indigenous People and Native Americans

References:


Abstract Summary:
Working and living on the Navajo Nation and observing limited healthcare available exposes deficits that call for correction. The challenge is to expand knowledge of isolated groups of Native Americans, Aborigines, and all indigenous people and to advocate for meeting their needs to elevate their standard of living, including healthcare.

Content Outline:
Exploring Aspects of Navajo Life and Connecting Similarities with Aborigines and Other Indigenous Peoples
Advantages and hardships of working on the Navajo Nation

Advantages
- Warmth and acceptance by the Navajo People
- Exposure to heritage of our first Americans
- Picturesque environment
- Travel & professional development
- Unique opportunity to learn and serve

Hardships
- Outsider image
- Isolation and third world living conditions
- Uranium tainted water
- Healthcare only available in emergency

Major health issues of the Navajos and supportive factors
- Lower health status when compared with other Americans
- Lower life expectancy
- Special health concerns
  - Significant increase in end-stage renal disease (ESRD)
  - Prevalence rate for diabetes more than twice the rates for the total U.S. population.
  - Dramatic decline in mortality for two infectious diseases: tuberculosis and gastroenteritis (Jonson & Taylor, 1991)
- Other issues
  - Inadequate education
  - Disproportionate poverty
  - Insufficient opportunities and employment on the reservation

Supportive factors
- Traditional health beliefs and practices
- Enduring spirit: Durability, identity, adaptability, perseverance, and tenaciousness
- Holistic approach to life: A desire to promote well-being of the group
- Role of elders as advisers: Important to lives of individual members
- Often use “white man’s medicine” to treat “white man’s diseases” (e.g., diabetes, cancer, etc.)
- Indian medicine to treat Indian problems (pain, disturbed relationships, sickness of the spirit)
- Spirituality permeates all aspects of life: Holistic worldview influences both the physical & emotional well-being
- One’s relationship with others and the earth are essential components of health and are felt by the individual and the family

Recognizing connections and relationships in issues and assets of and between Native Americans, Aborigines, and other indigenous people in our world
- Many similar health issues and concerns
- Adaptability
- Community strength
- Connection with the Past
- Family and Elders: Traditional kinship and extended-family structures
- Holistic Thinking
  (Durie, 2012)

First Primary Presenting Author

Primary Presenting Author

Author Summary: I worked on the Navajo Nation in Crownpoint, NM, a community mental health center, and in a maximum security prison as an advanced practice nurse the past three years. My previous 39 years were in academia at Indiana University School of Nursing. I still work as an adjunct professor for Indiana Wesleyan University. I also facilitate two biweekly self-help support groups: Depression and Bipolar Support Alliance and Schizophrenics Anonymous.