

Diagnostic Excellence Through Culturally Sensitive Partnerships

Background

Native Healthcare Center (Native), headquartered in Houston, Texas, is a nonprofit that offers medical care, community health care, health education, and community outreach rooted in the values and traditions of Native American communities. The mission of Native is “to empower Native Americans by providing accessible, high-quality healthcare services that respect and integrate cultural practices.” Native also partners with local organizations, schools, and cultural groups to foster awareness and promote health education within Native American communities via workshops, health fairs, and cultural events. In 2025, 35 percent of patients served were adults over 65 years of age.

Age-Friendly Health Systems is an initiative of The John A. Hartford Foundation (JAHF), the Institute for Healthcare Improvement (IHI), and the American Hospital Association Age-friendly care:

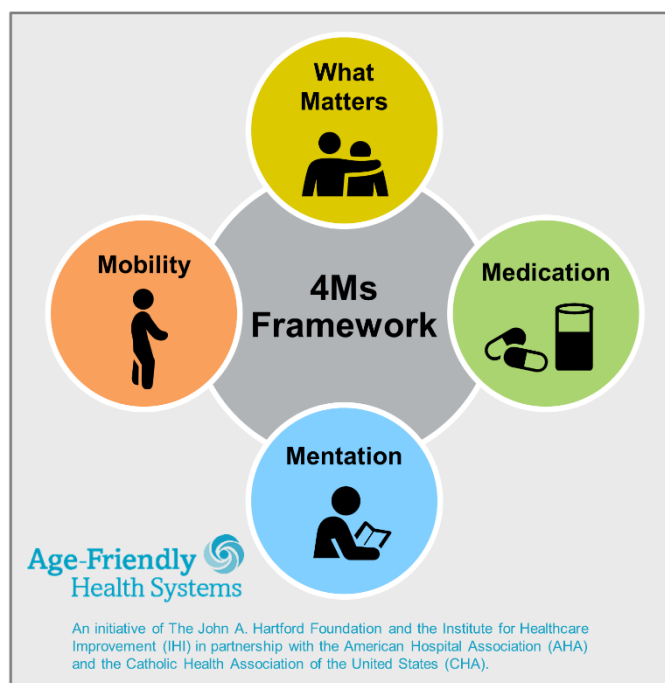
- Follows an essential set of evidence-based practices: the 4Ms – What Matters, Medication, Mentation, and Mobility (see Figure 1).
- Causes no harm; and
- Aligns with What Matters to the older adult and their family or other caregivers.

In 2024, Native was among twelve health systems selected by IHI for the Diagnostic Excellence – Age-Friendly Health Systems (DxEx – AFHS) Seed Grant Program, supported by the Gordon and Betty Moore Foundation and JAHF. Grantees test new interventions and practices to improve diagnosis for older adults, aligned with the 4Ms.

Approach

Native was already focused on driving improvements in care by integrating the cultural needs of older adults and those who matter to them. The seed grant was designed to focus on health care inequities among older Native Americans in the area encountered distinctive hurdles in

Figure 1. 4Ms Framework of an Age-Friendly Health System



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accessing culturally competent health care, notably during the diagnostic phase.

Goals includes understanding patient values, bridging traditional and Western medicine for safer treatments, tackling mental health stigma, and overcoming mobility barriers.

Native initially developed culturally sensitive health education workshops relevant to the community’s health needs. These workshops included collaborating with community and tribal leaders to organize and promote the programs. A patient navigator program was also implemented to assist individuals in accessing health care services. Through community health fairs and outreach events, the team at Native engaged residents and worked to build trust through direct interactions.

Panel discussions on integrating traditional and Western medicine were conducted for community members to bridge cultural divides and enhance treatment safety. By incorporating cultural considerations into the diagnostic decision-making process, the organization not only promoted patient-centered care but also addressed diagnostic errors due to failures in information gathering and communications:

- At health fairs, community health workers (CHWs) conducted screenings and asked about traditional remedy use, improving accuracy of patient histories.
- During outreach events, patients disclosed use of herbal treatments, allowing providers to adjust care plans and avoid interactions.
- Talking Circles created a safe space for patients to share symptoms and practices, reducing gaps in information gathering.
- CHWs led follow-ups after events to clarify patient concerns and ensure understanding of diagnoses and treatment plans.

The 4Ms

Native integrated the 4Ms into its care processes and community outreach efforts.

What Matters

To focus on What Matters, Native incorporated cultural considerations and acknowledged the importance of cultural values and preferences in the diagnostic process. Understanding what matters to older Native Americans supports the delivery of care that respects the cultural traditions, spiritual beliefs, and community connections held by many elders. This included integrating traditional healing practices, ceremonies, and family involvement in care to foster trust and impact patient outcomes.

Medication

The Medication element of the 4Ms Framework requires careful consideration of the interplay between traditional and Western medicine among older Native Americans. Many elders use herbal remedies and traditional healing methods alongside prescription medications. Collaboration with traditional healers and integration of culturally

appropriate medication management strategies can enhance patient safety and treatment effectiveness.

For example, during a CHW-facilitated visit, a patient shared that they were using traditional herbal remedies for blood sugar control. As a result, the provider adjusted the medication plan to avoid interactions and safely support both approaches.

Another community member shared, “I used to skip my medicine, but after the discussion, I understand why it matters and how to take it safely.”

Mentation

Mental health inequities are prevalent among older Native Americans, often exacerbated by cultural stigma and historical trauma. Culturally sensitive screening tools and interventions are essential for accurate diagnosis and support. Engaging elders in culturally relevant therapeutic activities, such as storytelling, art therapy, and healing ceremonies, can promote emotional well-being and resilience. One community member said, “I was nervous to share, but hearing others made me feel less alone. Now I feel more comfortable asking questions at the clinic.”

Mobility

Limited access to health care services, transportation challenges, and inequities in socioeconomic status significantly impact mobility and diagnostic testing for community members. Addressing these barriers requires a multi-faceted approach, including community-based outreach programs, transportation assistance, and mobile health care services.

Patient and Family Engagement

Native used community-based elder discussions, conducted in the form of [Talking Circles](#), to learn from cultural wisdom and build trust among older adults and their caregivers. The Talking Circles included cultural elements such as storytelling, traditional knowledge, and open discussions.

Team members asked open-ended questions to understand what patients are experiencing and what remedies they are using at home. Through Talking Circles, patients were provided space to share their experiences, cultural values, and personal priorities. These conversations centered care

around what matters to community members, rather than focusing solely on clinical needs.

For example, community members shared that maintaining their roles in family and cultural life mattered most. That helped providers ask more targeted questions, uncover missed information (such as symptom patterns and use of traditional remedies), and make more accurate, culturally informed diagnoses. One participant said, “The Talking Circle helped me understand my medications better, especially how they work with what I already use at home.”

The discussions also helped reduce stigma around cognitive and mobility screening and increased participation in follow-up care. Information from these events were documented in session notes for staff education.

A one-time Elder Participation Check-In Survey of 39 participants was conducted to assess patient experience, engagement, and perceived barriers to care following participation in Talking Circles and clinic services. While results showed variability across domains, a key area of strength was trust and cultural safety, which are foundational to care engagement in Indigenous populations. More than 70 percent of participants reported feeling welcomed, respected, and culturally safe, indicating meaningful progress in building trust within the care environment. One participant in the Talking Circles said, ““For the first time, I felt heard. I could talk about my traditions and my health without feeling judged.” Another shared, “Being able to include our cultural practices in the conversation made me trust the care more.”

Additionally, community health workers and patient navigators provided ongoing follow-up, reinforcing trusting relationships over time.

Lessons Learned

The team at Native shared:

Building trust takes time. Listen to the patient — and the people they trust — to understand their needs and preferences.

Integrate the 4Ms Framework everywhere. Embed the 4Ms in all processes, staff education, and programs. It helps organize the work. It also helped the team to explain their focus to external stakeholders.

Next Steps

Native plans to continue to facilitate Talking Circles and use the navigator and community health worker roles to foster trust, ensure cultural preferences are integrated into standard care processes, and align existing protocols with the 4Ms Framework.

Acknowledgments

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What Is an Age-Friendly Health System?

Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the 4Ms, to all older adults: What Matters, Medication, Mentation, and Mobility.

Visit: ihi.org/AgeFriendly