



The Significance of Culture Care in the Evaluation System of Indigenous Cultural Health Station Service in Taiwan

Hui-Chuan Chiu

Geriatric Health Industry Program, Dept. of Food and Nutrition, Providence University, Taiwan, ROC

Chun-Yen Kuo

Dept. of Social Work & Child Welfare, Providence University, Taiwan, ROC

Keywords: • Cultural Health Station • Evaluation system • Indigenous peoples in Taiwan
• Long-term care Plan

Abstract

In 2015, the Taiwan government launched the Long-term Care Plan 2.0 that contains a chapter devoted to the Indigenous peoples. The Council of Indigenous Peoples promotes the development of a long-term care system that provides dignified care service for elders in the tribes and focuses on the subjectivity of the ethnic culture. For over a decade, among the long-term care services for the tribes, the Cultural Health Station (CHS) has served as the facility put forward by the government for the implementation of care centers with the important mission to develop a sustainable long-term care system for elders. This article examines the relevance of cultural care in the practice and in the evaluation system of cultural health stations. It summarizes and analyzes the relationship between cultural subjectivity and care services through the data of "excellent performance" in the evaluations of CHSs across the country. Based on this analysis, the study further explores how CHS, which operates under the evaluation system, reinforces the local characteristics in its cultural care services. Finally, the paper attempts to put forward views and suggestions on how the CHS can develop a more suitable tribal cultural care model.

The results show that among 31 CHSs with excellent performance in the evaluation in 2020, the functions of CHS have been upgraded from the general primary prevention and long-term care function to include diversified services. This paper finds that the indicators related to culture care in the evaluation system can promote the development of individual care models in CHS, including 1) professional care that emphasizes the cultivation of local manpower to improve the quality of service; 2) friendly environment and activity design that provide safe and appropriate care to the elderly; and 3) innovative services that respect local cultures by empowering elders to contribute their wisdom and skills through participation in CHS activities. In order to ensure that the evaluation system supports the CHS to further develop a sustainable local cultural care service with more cultural subjectivity, it is recommended that the government encourage the tribes to strengthen their own cultural characteristics and provide flexibility for CHS operations so as to implement culture care that meets local needs and supports the uniqueness of the tribal health stations.

“Aging in place” is a current issue for many countries with aging populations and is a term used widely in aging policy and research (Wiles, 2012). Taiwan entered an aging society in 2018, and the total population also began to show negative growth in 2020. The number of births was lower than the number of deaths. Coupled with the improvement of medical standards, the life expectancy was extended, and the proportion of the 65-year-old population was relatively increased. According to the population estimation of the National Development Council in Taiwan, after 2025, Taiwan will enter a super-aged society with the 65-year-old population accounting for more than 20%. Therefore, attention to the care of elders in the society has become a focus of government policy in Taiwan, and the development of appropriate cultural-specific programs for different ethnicities is an urgent need.

In Taiwan, there is a significant gap between the health care service for Han people and for Indigenous groups. The average life expectancy of the Indigenous population is 8.2 years shorter than Han people (Council of Indigenous Peoples, 2020). There are 16 Indigenous groups in Taiwan recognized by the government. They are distributed throughout various counties and cities. According to the Demographic Data of the Indigenous Peoples Council published in April 2021, the total Indigenous population was 578,241. Among them, the mountain Indigenous population was 164,998 (28.53%), while the plain was 322,645 (22.94). The metropolitan areas have a population of 280,598 (48.53%), of which more than 118,000 people are over 55 years old¹. According to the statistics from the Ministry of Health and Welfare published in 2018, only 3.6% of Indigenous peoples received long-term care services, which is a rather low proportion. Therefore, how to keep the aging active and prevent their disability is a long-term issue that needs urgent attention (Indigenous Peoples Association, 2021).

Under this situation, it is obvious that long-term care service should be provided to the Indigenous elders. In the past four hundred years, Indigenous peoples in Taiwan have faced competition and oppression from the Han people and other ruling groups, and their traditional culture and values have been greatly impacted. In the rapid socio-economic and technological development of the society, in order to maintain their cultural heritage and avoid total assimilation and extinction of traditional languages and cultures, the ethnic groups must have a strong sense of ethnicity and a sense of mission. Indigenous peoples living at high altitudes would seem to be less affected by external forces or urban areas than those living in flat coastal areas. However, under the influence of long-term contact with the dominant culture and political economy, even these Indigenous peoples have had to strive to preserve their languages and cultures through cultural

¹ Considering the average life expectancy to be shorter than Han people, Indigenous peoples aged 55 are eligible to receive long-term care service in Taiwan.

rejuvenation in recent years. Among them, the memory, knowledge and life skills of the elderly are the major resource for preserving the cultural traditions of the tribes. The Declaration on the Rights of Indigenous Peoples² adopted by the United Nations in 2007 and the "Basic Law of Indigenous Peoples" in Taiwan both state that Indigenous peoples have their own ethnic and cultural characteristics, and programs should be established that maintain these characteristics (*Errico, 2007*). In the late 1980s, in response to the international attention to the human rights of Indigenous peoples, Taiwan developed multiculturalism and promoted ethnic integration, and now the promotion of various welfare measures in Taiwan aim to implement these concepts. The Taiwan government began supporting the long-term care ten-year plan in 2006, and ten years later, the "Long-term Care 2.0 Program" was begun in 2016. The program focuses on the needs of community care development and cultural specificity, and it includes a special chapter for Indigenous peoples (here addressed as The Indigenous Ethnic Chapter). The chapter promotes the establishment of the long-term care system with ethnic culture as the main body that enables Indigenous elders to obtain dignified care services within the framework of tribal care practices. Among those long-term care services for tribes, for over a decade the Cultural Health Station (CHS) has served as the facility put forward by the government for the implementation of care centers.

In recent years, CHS in Taiwan has developed a care model that responds to the actual needs of the elderly from a local perspective and provides care and services based on the characteristics of the local ethnic group. The purpose of this paper is not only to share information on the CHS and to analyze evaluation data with the goal of identifying characteristics of the most successful stations, but also to provide direction for improving individual stations and the system by which they are evaluated. To achieve this two-fold aim, the paper first examines the relevance of cultural care to the practice and evaluation system of cultural health stations. Second, in the literature review, it summarizes and analyzes the relationship between cultural subjectivity and care services through the data of "excellent performance" in the evaluations of CHSs across the country. Third, based on this analysis, it further explores how the CHS, which operates under the evaluation system, reinforces the local characteristics in its cultural care services. Finally, the paper attempts to put forward views and suggestions on how the CHS can develop a more suitable and sustainable tribal cultural care model.

² United Nations Declaration on the Rights of Indigenous Peoples Resolution adopted by the General Assembly [without reference to a Main Committee (A/61/L.67 and Add.1)] 61/295. United Nations Declaration on the Rights of Indigenous Peoples.

The Development of CHS in Indigenous Tribes in Taiwan

Starting from 2006, the "Tribal Elderly Day Care Station Project" has been implemented by the Council of Indigenous Peoples in Taiwan under the Long-term Care Program. It is a project carried out through the integration of the human and material resources of tribal religious organizations. It gives priority to subsidizing remote areas and tribes which have few welfare resources. The Indigenous Ethnic Chapter established in the "Long-term Care 2.0 Program" (2017 to 2026) emphasizes the principles of "Self-care," that is to train suitable Indigenous caregivers through training programs, to provide cultural life care, and to encourage tribal elders to participate in leisure activities. The purpose is to provide elders primary disease prevention, thereby delaying disability services, effectively reducing medical resources, and reducing the social burden on families and long-term care organizations. The CHS started with 40 stations in 2006 through the participation of many churches, associations and civil organizations of various tribes. (Council of Indigenous Peoples, 2021). The care services provided by CHS are health promotion programs and in recent years, the care modes of the CHS have become more and more diversified. Local cultural elements are integrated into health promotion measures, and different service methods are provided according to the characteristics of local ethnic groups, such as arranging ethnic language textbook production courses, farming, cooking together and other activities to meet the needs of the people. According to the statistics on the evaluation system in 2020, the number of stations has reached 433, 1,176 local Indigenous people have been trained to serve as caregivers, and 13,853 elder recipients were benefited (Council of Indigenous Peoples, 2021).

In order to understand the actual implementation of each CHS, a special counseling team of experts and scholars organized by the Council of Indigenous Peoples conducts on-site inspections and evaluations every year. The main purpose of the evaluation is to provide professional opinions and suggestions for the on-going operation. The result of the evaluation serves as a reference for improving the policies of the CHS care plan. The service performance evaluation for the CHS includes six major items, namely, administration management, personnel management, professional services, tribal resource networks, friendly environment and innovative service development strategies. The proportions for each item are as follows: "Administration Management" accounts for 10%, "Personnel Management" for 15%, "Professional Services" for 45%, "Tribal Resource Network" for 15%, "Friendly Environment" for 10%, and "Innovative Service Development Strategies" for 5%.

Literature Review

The Significance of Culture Care

The American scholar Madeleine Leininger used the term "culture care" in her medical theory for Transcultural Nursing. The theory is based on clinical experience, where cognition of the overall concept of culture is an attribute that nursing knowledge and practice should possess (Leininger, 2002). The definition of culture care given by Leininger is:

Subjectively and objectively learned and transmitted values, beliefs, and patterned lifeways that assist, support, facilitate, or enable another individual or group to maintain well-being and health, to improve their human condition and lifeway, or to deal with illness, handicaps, or death. (Leininger, 1991, p. 47)

Leininger believes that caregivers must first understand the cultural background of the care recipient in order to provide appropriate services. The most important thing is to be open-minded, to listen, learn, and not impose one's own opinions (Leininger, 2002). So, caregivers should have the knowledge, attitudes and skills of intercultural care in order to provide culturally appropriate care for the care recipients and to provide beneficial care services (Parker, 2010; Subeq and Hsu, 2016.).

Leininger's cultural care theory that emphasizes people-oriented and dignified care has now developed into the most important care theory for caregivers (Leininger, 2008). When discussing the development strategies of Indigenous communities internationally, countries such as Canada and New Zealand all take "cultural competence" as a guiding principle; "respect for Indigenous knowledge" is the basis upon which they have established the "family", "tribe" or "community" care system. In Taiwan, the tribes receiving care are mostly located in the suburban or remote areas. According to Hwang (2020), tribal-style welfare delivery is mostly in line with local culture, and tribal self-governance; care services with cultural sensitivity and culturally competent cognition are the best health care models. To provide the best health care model, caregivers or social workers should have cultural competence. It means that the caregivers should understand and establish good interpersonal relationships; disregarding much of their own knowledge or cognition, being aware of their "not knowing", and emphasizing "integration" with their professionalism and skills to fit the cultural characteristics of the care recipients (Chong, 2012).

Practicing Culture Care in the CHS

It is accepted that culture care is an appropriate health care model for the Indigenous tribes in Taiwan. Subeq and Hsu (2016) investigated the long-term care needs of Indigenous people from a cross-cultural point of view, arguing that cultural care is professional care which can serve

individuals, families and communities with cultural sensitivity, cultural adaptability and cultural competence. They emphasize that attention is to be focused on the standpoint of the recipient so that in the tribe, it is significant to provide appropriate care and service that closely meets the needs of the recipient. Ru holds that cultural care is diverse, and the care behaviors of different ethnic groups will be demonstrated differently. Cultural care should be a service provided under the conditions of respecting the local cognition, behavior, and material conditions, so as to meet the needs of each different ethnic group (Ru, 2015).

The Indigenous tribes in Taiwan have recently developed a care model that responds to the actual needs of the elderly from a local perspective. For example, in the eastern regions of the island, there is a “Wisdom House” that provides a shared network of care for elders, and in some tribes, the caregivers include lifestyle care services, such as farming, fishing, and cooking among their CHS services. The services such as meal delivery, caring visits, or health promotion activities, namely, farming, cooking, church activities, prayers, and traditional cultural ceremonies are all included in the care and services. These lifestyle care services have cultural heritage significance for the tribes and are proved in several research projects to be successful health care models (Huang and Chen, 2019; Lai, Luo and Guo, 2021). In a sense, the practice of cultural care in some tribes will not only have a good impact on the health care of the caregivers, but also on the inheritance of the entire culture and community building initiatives.

Research Methodology

In this paper, archival and qualitative data analysis methods are applied to examine how the “culture care” is practiced in Taiwan’s Indigenous CHSs. The percentages are based on the indicators for each item: "Administration Management" accounts for 10%, "Personnel Management" for 15%, “Professional Services” for 45%, "Tribal Resource Network” for 15%, "Friendly Environment" for 10%, and " "Innovative Service Development Strategies" for 5%.

In 2020, 314 stations subsidized in 2019 were evaluated, including tribal organizations, medical groups/organizations, and social welfare groups/organizations. Among those stations, 38 were located in metropolitan areas. In principle, only 10% of the stations could rank as “excellent” in the region, county or city. A total of 31 CHS’s were listed as excellent in the evaluation of 2020.

The following chart shows the result of the evaluation in 2020.

Table 1: Evaluation results in 2020.

No	County/City	No. of CHS	No. of Excellent CHS	Special Class A	Class A	Class B	Class C
1	Hualien County	65	6	16	25	15	3
2	Yilan County	12	1	3	8	0	0
3	Chiayi County	7	1	2	3	1	0
4	TAINAN City	1	0	1	0	0	0
5	Nantou County	25	3	4	9	8	1
6	New Taipei City	7	0	2	4	1	0
7	Kaohsiung City	25	3	5	8	8	1
8	Hsinchu County	9	1	3	2	3	0
9	Taichung City	14	1	3	5	4	1
10	Hsinchu City	1	0	1	0	0	0
11	Taoyuan City	18	2	1	4	9	2
12	Pingtung County	53	5	23	16	9	0
13	Miaoli County	10	1	4	5	0	0
14	Taitung County	67	7	25	15	12	7
Total		314	31	91	100	69	15

Note: Audit grade and score:

- (1) Excellent: The score is 90 points or more.
 - (2) Special Class A: The score is 85 points or more, less than 90 points.
 - (3) Class A: The score is 80 points or more, less than 85 points.
 - (4) Class B: The score is between 70 to 79 points.
- Class C: The score is 69 points or less.

For further analysis, the investigation for this paper focused on the evaluation indicators related directly to the practice of care services. First, the "Professional Services" includes the indicators of the number of people served, the satisfaction of the elderly's activities, the elder care services, the consultation, and workshops. Second, the "Friendly environment" includes four indicators: space planning and application, accessible facilities and equipment, construction of service spaces and elements with cultural characteristics, and storage of friendly space facilities.

Third, the "Innovative Service Development Strategy" refers to the creative service projects offered by the station.

The researchers selected the comprehensive opinions related to culture in the positive review opinions of the evaluation committee from the stations with excellent performance as the data source. Some comments for "Professional Services" were as follows:

- (1) *The caregiver is young and has a positive attitude, enthusiastic, familiar with tasks and operations, and most of the manpower is from the tribe.*
- (2) *The caregiver has a certificate, has completed on-the-job training, and actively participated in the private sector for long-term care related courses.*
- (3) *Some external lecturers are employed to assist in the implementation of courses on delaying disability, handling life nostalgia courses, health promotion and cultural and spiritual courses*
- (4) *The station provided Post-event satisfaction analysis to understand the elders' acceptance of the event.*
- (5) *Some touching stories are kept as documents.*
- (6) *Activities with local characteristics were arranged to improve the physical function of the person.*

Selected comments for "Friendly environment" included the following:

- (1) *Perfect space planning*
- (2) *Space layout with cultural features*
- (3) *Modern style combined with cultural elements such as totems*
- (4) *Making a locker for the elderly*
- (5) *Rainbow Space with Cultural Characteristics*
- (6) *The Station has a good atmosphere*
- (7) *The environment is furnished with local cultural elements*

And some comments for "Innovative Service Development Strategy"

- (1) *Organized activities to explore plants*
- (2) *Implemented co-learning environment between the old and the young*
- (3) *The elders participated in teaching activities organized by tribal schools*
- (4) *Assisted in the making commemorative DVDs in advance for those near death*
- (5) *Developed choirs to improve the visibility of the station, and give full play to the advantages and effectiveness of local elderly services*
- (6) *Made good use of the open space*
- (7) *Planted edible traditional plants that aroused the memories of the elders*

From the evaluation reports, it is obvious that the committee members focused on the professionalism of caregivers (cultural competence), the friendly environment with cultural elements, and the innovative care services. Furthermore, the committee members made numerous comments on the incorporation of tribal cultural elements. The result shows that the evaluation mechanism of these excellent stations put emphasis on the importance of traditional culture inheritance.

Findings

The CHS has currently become the life focus and health promotion platform for Indigenous elders (Lai, Luo and Guo, 2021). From the report, the result of the evaluation shows those CHSs with excellent performance provided diversified care services for the elders. During the health promotion programs, the elders expressed their own ethnic consciousness and opinions, and they shared traditional knowledge and skills through lectures, and made handicrafts or led farming activities. In addition to health services, the care for the elders included interpersonal interactions and the application of daily lifestyles, such as weaving and hunting (Ru, 2015). Such services can indeed help and motivate the tribe to carry out meaningful caring. As a result, the elders were not simply the users of CHS; they were respected during the participation in the activities of the program. In other words, the care practice model in those CHSs enabled the elderly not only to be users of services, but also to be empowered by the service process and become service providers themselves.

This paper analyzed the opinions that are closely related to cultural care practices from the evaluation comments of “excellent” CHSs. In order to explore the correlation between the evaluation system and cultural care, the comments were selected from three items, including the professional services, friendly environment and innovative service development strategies. The committee members provided many positive responses related to cultural elements. The statements such as the CHS should provide more “cultural knowledge and memory from the elderly” or the CHS should continue to “learn from cultural context,” and the tribes should develop more local manpower” are some of the suggestions provided. This shows that in the evaluation, a CHS that provides the culture care model is now better admired and recognized as a good service.

Professional service: The importance of the cultivation of professional local service manpower

Professional and steady local service manpower in the CHS was not easy to find in the past. Poor daily wages, poor working conditions, low social status, and lack of intensive caregivers were considered to be the main reasons. (Council of Indigenous Peoples, 2021). In the early stage the tribal viewpoints were not taken into account in terms of policy planning and the health care system failed to have sustainable resources. The application documents and the service content itself were new to the Indigenous people, and the requirement and application procedures were burdensome for the care service personnel. It was rather a top-down plan commissioned by the government, and, therefore, not especially designed or practical for the tribal people. Through the Long-term Care 2.0 Program, many improvements have been made to the labor environment, professional training and wages. Today, cultural and language courses, cultivation of local professionals, and encouraging trainees to return to their hometowns to serve are the main promotion policies. It is true that the current CHS pays attention to the development of tribal diversity, especially those with excellent performance, which have been affirmed by the care recipients in terms of the professionalism of caregivers. The comments included the following: the caregivers are “skilled in business operations”, they are “tribal local people,” they are professional with a license, and “they provide considerate services. The results show that the caregivers in these stations help to provide friendly services and make the elderly feel safe and at ease at CHS.

Local Indigenous people can provide services that give attention to the elders in the tribes. Compared with the care services provided by professionals in other places, the local care service personnel can better meet the needs of the tribal elders after improving their care knowledge and skills training. In order to provide steady professional manpower at CHS, intercultural care knowledge and training, as well as the development of local cultural care service professions, local employment opportunities, and stable funding sources, are all important factors. The comments for those CHS’s with “excellent” performance demonstrated that they presented relatively stable professional care manpower. The caregivers with better education, training and talent cultivation are important measures to promote the service work of health among the tribes. In the future, more attention should be paid to the cultivation of local manpower and professional capabilities in the evaluation so as to help improve the quality of service and care in more of the stations.

Friendly environment: Providing appropriate caring services for Indigenous Elders

It is a must to provide culturally sensitive and appropriate caring service for Indigenous elders. The 10-year long-term care plan responds to the rapidly growing long-term care needs of

the society in Taiwan; it improves the development of the long-term care service system, ensures service quality, and protects the rights of those who receive long-term care services. The Indigenous Ethnic Chapter under Long-term Care 2.0 aims to establish a tribal long-term care system from the perspective of ethnic groups, so as to meliorate the plight of insufficient resources in remote or suburban areas. It is anticipated that the mainstream society will respect the opinions from the tribes, and, at the same time, make sure the distribution and delivery of welfare service resources would benefit the promotion of cultural independence of the ethnic groups. Therefore, in order to provide appropriate health care services for Indigenous elders, tribal long-term care needs to include cultural sensitivity, and it should provide appropriate services that meet the local conditions. In other words, it should be a service that requires the respect of cultural characteristics, language and culture, beliefs, and social system of each ethnic group (Ministry of Health and Welfare, 2020).

The evaluation comments indicate that the environment for the service and care of the Indigenous elders is constructed to meet the needs of the elders; it provides considerate design and facilities with a tribal cultural atmosphere; furthermore, it creates an environment with Indigenous language and cultural elements. The statements show that the CHS has a “modern style combined with totemic cultural elements,” or that the place provides “rainbow space filled with cultural characteristics.” In addition to cultivating local tribal residents to become caregivers, many CHSs often incorporate cultural elements into the construction of the environment. Activities and language programs are designed related to language and traditional culture, and elders are invited to participate as instructors. These elements show the way to enrich the function of CHS as a place for maintaining the cultural heritage.

Innovative services: CHSs carry out local cultural health care

The Indigenous culture can be reflected in the practice of caring. The uniqueness of tribal culture can be seen through the life of Indigenous people, and care should be provided in a way that is more in line with the local culture (Ru, Li and Yu, 2019). Although the CHS provides primary preventive care, in fact, the cultural connection of the ethnic group is beneficial to the maintenance and expansion of the interpersonal network inside the tribe. Many elders give back to the services provided by CHS through ethnic language teaching, music, farming sharing, handicrafts, etc., and are willing to serve as volunteers to assist in those activities. Indigenous tribes have a long-standing culture of sharing and mutual assistance. The care services provided by CHS include the design of courses and activities, and the elderly can contribute their know-how and skills through the participation in activities and interactions.

The indicators of “Innovative Service Development Strategy” in the evaluation encourage the CHS to develop unique care services for each tribe. The performances representing the excellent examples of CHS included the following:

“The old and the young learn together and work together to inherit the ethnic language”;
the CHS *“promotes the traditions of Indigenous peoples”;*
it has *“rich literature and history”;*
it *“develops choirs to increase visibility”;*
it *“makes good use of local elderly services”;*
it has *“good planning on the recording of elderly oral history”, and*
it *“provides activities related to traditional skills”*, etc. (Council of Indigenous Peoples, 2020).

The above evaluation comments show how the participation and contribution of the elderly are beneficial to the care services of CHS. The participation of the elderly in the CHS enables the empowerment of the elderly, and it helps to promote the inheritance of language and culture in the process of care services. It is clear that to respect the local culture and develop care services that focus on the needs of the elderly is crucial to CHS.

Although significant evaluation comments from the stations with excellent performance prove the culture care service mode to be the best practice, there are few weaknesses to be noted in the evaluation system. There is a contradiction between the independent operation of the evaluation requirements and investment from the government. On the one hand, the government encourages the tribe to be independent, but, on the other hand, the flexible development of the station is framed by standard evaluation indicators and funding subsidies. The government evaluates stations through service performance evaluation indicators, and it often evaluates the operation of stations from a regulatory perspective. Relatively, the actual satisfaction of the users is not measured. There have been an increasing number of stations opened in recent years. The number of stations was 74 in 2009, and it increased dramatically to 314 in year 2019³. In principle, on-site evaluation lasts for about two hours only, and the examiners move from one station to another in one day, and therefore, the yearly performance of each station relies on the material and documents presented by the station during the process. In order to provide solid record for evaluation, the care givers spent more time filing document of daily services instead of providing quality care. As a result, stations with better understanding or experience of evaluation indicators are benefited to receive positive comments and to obtain better evaluations. Furthermore, Indigenous tribes located in the

³ Open data from the website of the Ministry of Administration statistics: Numbers of CHSs and staffs from year 2009 to 2019.

areas of the mountains or remote regions may not be able to provide accessible space, an indicator of friendly environment, and that may fail to prove their good services in other practices. Finally, arbitrarily deciding that less than 10% of the stations of the region/city can receive excellent performance may show the attention to equality in the evaluation, but not equity: each station receives an equal share of resources despite their different backgrounds, living space differences, and other cultural factors.

Discussion

Every year, each station applies for the subsidy from the government to provide care and services to the Indigenous peoples in the tribe while the government evaluates the outcome to ensure the quality of the service. The result of the evaluation could become the basis for suggestions for policy making in the future. Evaluation items include administrative management, personnel management, professional services, tribal resource networks, friendly environment, and innovative service development strategies. Among these, the investigation of projects in this paper was directly related to culture care that included professional services, friendly environment and innovative service development strategies. Culture care is a bottom-up care service model that respects local elders and provides appropriate care to the elders in the services. Elders can receive care with dignity and obtain empowerment through the service process. This paper finds that the indicators related to culture care in the evaluation system can promote the development of individual care models in CHS, including 1) professional care that emphasizes the cultivation of local manpower to improve the quality of service; 2) friendly environment with an activity design that provides a safe and appropriate care to the elderly; and 3) innovative services that respect local cultures where the elders are empowered to contribute their wisdom and skills through the participation in CHS activities. In order to ensure that the evaluation system supports CHS to develop sustainable local cultural care service with cultural subjectivity, this paper puts forward the following suggestions:

Develop Appropriate and Safe Service and Care for the Elders

In the evaluation report, professional services focused on three aspects: the profession of caregivers (especially cultural competence, including ethnic languages), a friendly environment with cultural elements, and innovative care services. Appropriate and safe services for elders in the tribe refer to the cultural and language competency of the caregivers and whether the elders feel ease during the service. With the fast growth of stations, the lack of manpower with language competency to the care service is found in some stations. From the presentation of care and services

provided by CHS, the function of traditional cultural inheritance is demonstrated. Under the consistent evaluation indicators, it is suggested that the proportion of indicators related to cultural elements should be increased in the future to strengthen the focus on the uniqueness of CHS in the tribe. In addition, the evaluation puts too much emphasis on paperwork, and the standardized operation process places an additional burden on caregivers. Some qualitative results that cannot be presented in the documents may be done through on-site visits; yet the evaluation visit time⁴ is often too short. Sufficient time should be provided for the elderly to share the results of their participation in various courses and activities. In this way, the actual participation and specific contributions of the elderly in various tribal stations can get more attention, and the effectiveness of practical care services can be presented fully during the evaluation.

Encourage CHS to Strengthen Local Cultural Characteristics

By the end of 2020, there were 433 approved CHSs and the number of users was 13,853. According to the information of the Ministry of the Interior, the average life expectancy of the Indigenous peoples compared with the average life expectancy of all citizens in Taiwan is improving through the efforts of all parties: the difference of life expectancy was 9.41 years in 2006 and it has been shortened to less than 8 years, which is a remarkable improvement (Council of Indigenous Peoples, 2021). Today, CHS provides diversified service orientations. In health promotion activities, the elderly also play an important role in imparting cultural wisdom. Their strong enthusiasm and mission to uphold cultural heritage also represent the function of CHS to be a place for the demonstration of traditional culture inheritance. The evaluation of each CHS should take into account the differences between the geographical location, implementing organization and ethnic groups. The proportion of cultural elements in the evaluation project should be increased, the presentation of tribal cultural characteristics of the environment should be strengthened, and, further, the CHS should be encouraged to establish its own unique culture care model. In short, the government should provide a reward system to enhance services with creative or special cultural displays to effectively stimulate the innovative health care model of the tribe.

⁴ The onsite visit schedule is organized by the Council of Indigenous Peoples. It is about 2-hour visit, including introduction of the examining committee members, briefing from the station, document investigation, visit of the environment and facilities and comprehensive discussion.

Give CHS a Room for Flexibility

This study has only focused on the comments received about some excellent CHSs. Many positive comments that are worth considering were not mentioned. If the government provides enough budget for the CHS system, the stations should conduct observation and learning activities. Moreover, the CHSs should hold joint outcome presentations or workshops. Sometimes, friends or relatives who are familiar with each other are members of different CHSs due to the differences in regional organization. Only through co-organized activities or associations in neighboring stations can they participate in activities together to learn and communicate with each other. Using the benchmarking learning strategy to observe the original service stations and learning from the successful experience of some CHSs will help to improve the function of the CHS. In addition to participating in courses, one of the main purposes of the elderly coming to CHS is to interact and communicate with their clan's people. The self-organized community activities encourage the elderly to participate. If the CHS can have a more flexible governance model, the tribe will have more room to establish its unique tribal cultural care that will improve the service quality.

Conclusion

With regard to the locations of the CHS, the languages and cultures of various ethnic groups are different; yet, the evaluation system of HSC is the same for all the regions. This paper suggests the government take into account the differences in applicability between urban and rural areas by increasing the proportion of cultural care-related indicators, such as friendly environment and innovative services, to effectively promote the care service characteristics of each HSC. In particular, the CHS has gradually become a part of the daily life of the Indigenous elders. In recent years, the implementation result has become more and more remarkable. However, the CHSs ranked "excellent" only account for 10% of the counties and cities, and there are still many aspects to be improved in those facilities alone, not to mention the HSCs that are in an early stage of development. It is expected that the latter will face many difficulties with limited funds and an excessive bureaucratic framework in which many cultural aspects are not taken into account. Therefore, to give full play to the local care services in the respective tribes, the government should incorporate items reflecting culturally appropriate service and care in the evaluation system and policy promotion, while continuing to provide funds and a counseling mechanism to support the CHSs.

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