

Innovations in Elder Care

Program Book and Abstracts

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Sponsors

Innovations in Elder Care is co-sponsored by the IHS Elder Health Care Initiative (EHCI), the National Resource Center on Native American Aging (NRCNAA), the Northwest Portland Area Indian Health Board (NPAIHB), and the National Indian Council on Aging (NICOA).

IHS Elder Care Initiative

The goal of the Elder Care Initiative is to promote the development of high-quality care for American Indian and Alaska Native elders by acting as a consultation and liaison resource for IHS, tribal, and urban Indian health programs.



- We recognize the Elder as an invaluable resource in our communities, deserving of honor and respect and the best care that we can give.
- The number of elders is increasing rapidly, especially the oldest old. The need to develop a range of services to assist elders as they age in their home communities has been identified as a high priority.
- The core activities of the Elder Care Initiative are in information and referral, technical assistance and education, and advocacy. These activities are accomplished in partnership with a variety of tribal, state, federal, and academic programs.

For more information on the Elder Care Initiative, contact:

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Web: <http://www.ihs.gov/MedicalPrograms/ElderCare>



National Resource Center on Native American Aging

The National Resource Center on Native American Aging serves the elderly Native American population of the United States. The center is committed to increasing awareness of issues affecting American Indian, Alaskan Native, and Native Hawaiian elders and to be a voice and advocate for their concerns.

Funded through the Administration on Aging, a standardized survey instrument has been developed to conduct needs assessments within Native American elderly populations. The purpose of this study is to compare Native American elders to the general U.S. population to determine the extent of existing social and health differences. To date, we have 1,912 respondents from 14 different tribes within our aggregate file with an additional eight tribes currently gathering data. If you would like more information regarding the needs assessment, please contact the Center at:

PO Box 9037, Grand Forks, ND 58202-9037

Tel: 800-896-7628 E-mail: jarnold@medicine.nodak.edu

Web: <http://www.und.nodak.edu/dept/nrcnaa>

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Northwest Portland Area Indian Health Board

The Northwest tribes have long recognized the need to exercise control over the design and development of health care delivery systems in their local communities. To this end, in 1972 they formed the Northwest Portland Area Indian Health Board (NPAIHB). The NPAIHB is a nonprofit tribal advisory organization which represents the tribes of Washington, Oregon and Idaho on health-related matters and to provide health-related technical assistance. The mission of the

Northwest Portland Area Indian Health Board is to assist member tribes in their delivery of culturally competent health services and to improve the health status and quality of life.

For more information, contact NPAIHB at:
527 SW Hall, Suite 300
Portland, OR 97201
Tel: (503) 228-4185 E-mail: npaihb@npaihb.org
Web: <http://www.teleport.com/~npaihb>

National Indian Council on Aging

Since it was formed by a group of tribal chairmen in 1976, the National Indian Council on Aging (NICOA) has served as the nation's foremost non-profit advocate for the nation's (est.) 200,000 American Indian and Alaska Native elders. NICOA strives to better the lives of the nation's indigenous seniors through advocacy, employment training, dissemination of information, and data support. The mission of NICOA is “. . . to bring about improved, comprehensive services for American Indian and Alaska Native Elders.”



For more information, contact NICOA at:
10501 Montgomery Blvd., NE, Suite 210
Albuquerque, NM 87111-3846
Tel: 505-292-2001 E-mail: dave@nicoa.org
Web: <http://www.nicoa.org>

Abstracts

Elder Care in Indian Country – The Mainstream is Not the Model

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The AI/AN elder population is rapidly growing and the AI/AN population as a whole is aging. Elders have not traditionally been viewed as a distinct population in need of specialized services within the Indian Health Care System. As a result, the capability to adequately meet their needs does not currently exist within the Indian Health Care System. Services available tend to be fragmented and lack coordination.

Models of Elder Care are evolving in Indian Country in spite of limited resources. Some general statements can be made about these models: 1) They tend to use existing resources to fund the core services, 2) They attempt to integrate and coordinate available resources – state, federal, local - to enhance effectiveness, 3) The tribe or community is the focus of planning, 4) Planning includes attention to tribal/community cultural values, 5) Emphasis is on home and community-based care, 6) They are strongly reliant on the family.



The Helping Hands Program

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The Helping Hands Program is a volunteer-focused, medically supported program providing Southwest Alaska residents with an option to remain in their village at the end of life. Alaska Native elders in remote villages often die in hospitals and nursing homes hundreds of miles away from family and friends in direct contrast to the traditional death of their elders, surrounded by family and friends. American Indians and Alaska Natives throughout the U.S. and Canada deal with the issue of allowing a gentle passing away in familiar surroundings instead of death in a healthcare facility.

The Helping Hands Program: 1) Provides education to healthcare and social service employees on death, dying, bereavement, program philosophy, and special needs of the terminally ill, 2) Assists villages to establish a volunteer support group for terminally ill patients, families, and caregivers, 3) Provides culturally sensitive information and education materials, 4) Provides pain management, symptom control and medical/nursing support services.

The Elder Care Service of the Santa Fe Service Unit

Wallace J. Mulligan, M.D., FACP, Director, Elder Service, PHS Hospital
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In August, 1999 the Eldercare Service Unit was established in the Santa Fe Service Unit, Full time positions include a physician, a nurse, a social worker and a clerk. Services include four (4) beds set aside on an as needed basis at the Santa Fe Indian Hospital; an extensive clinic service for needs assessment at the Santa Fe Indian Hospital; formal consultations for providers in the service unit as requested; coordination with elder programs in villages to provide the services of physicians, nurses, health educators, social workers, and dieticians. A special clinic area has been designed exclusively for interviews, counseling and physical examinations of older patients.



Multidisciplinary Well Elders Clinic

Roman Hendrickson, M.D., Chief Medical Officer
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The challenge of integrating preventive and early identification strategies into routine care of elders caused us to implement a multidisciplinary clinic for “well elders.” As better information emerges and advances in diagnosis and treatment occur, we are called upon to offer increased amounts of preventive services, early disease identification, screening and health education to our elders. In a staff causing unpredictable continuity of care, preventive services sometimes suffer, and only acute and chronic problems may be addressed. Our program was modeled loosely on the successful well child clinic at our IHS service unit. An evidence based protocol addressing services and screening instruments are used. Using a coordinated approach, elders are scheduled for an annual exam by a physician, as well as other disciplines including: the exercise, physiologist, dental, optometry, audiology, dietary, podiatry, lab and nursing. A dedicated “Elders Nurse” is responsible for scheduling, clinic coordination and follow up with the elders. Ongoing efficacy and satisfactory studies of our elder population provide quality assurance to the program.

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Wisdom Steps: Preventive Health for American Indian Elders

Mary Snobl, Minnesota Board on Aging Indian Elder Desk
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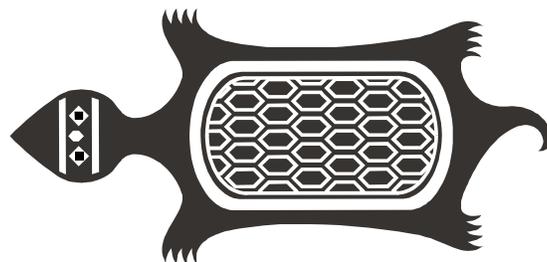
Wisdom Steps promotes preventive health for American Indian Elders focusing on health screening, health education and healthy living activities. Model projects are being developed in each area with an incentive plan to increase participation. Participants will assess their own health, find ways to improve their health, practice healthy living, and share their wisdom.



Awakening the Spirit: Diabetes Outreach

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American Diabetes Association
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Diabetes has reached epidemic proportions among Native Americans. Complications from diabetes are increasing in frequency among Native Americans and are major causes of death and health problems in most Native American populations. The Native American Diabetes Project, based at the University of New Mexico, Center for Health Promotion and Disease Prevention, represents a model of how government, industry and nonprofit organizations can work together to extend and enhance the lives of people living with diabetes.



Native Reign - Intergenerational, Integrative Approaches

Kenn Bisonette, Director, Coordinator for “Native Reign”

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This presentation will show the value and importance of Elders and youth working together. The learning experience is crucial for youth to continue carrying on the traditions and culture of their heritage. From the elders perspective, they gain an understanding of how youth are willing to honor their views and wisdom in learning from them. Other providers of healthcare would want to attend this session to see how Native American youth have enriched their lives by working with, and learning from direct involvement with their tribal elders.

After five years of successful delivery of services and tremendous results of reaching thousands of youth and families, this proven performance will awaken healthcare workers and concerned individuals to see the vast benefits of youth and elders working as a team. Youth and elders working together honor their past and improve the quality of life for both generations. Verbal question and answer period, as well as a written response form will be a part of the presentation.



NICOA Indian Elders Benefits Education Initiative

Rebecca Baca, NICOA Contractor

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A major new initiative is underway to improve access to health care benefits for Native American and Alaskan Native elders. This project will use the wisdom and leadership of elders to develop new ways of informing elders about Medicaid, Medicare, Social Security, and other benefits.

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National Resource Center on Native American Aging

Mona Negm, Health & Long Term Care Diversity Specialist, AARP

601 E. Street NW, Washington, DC 20049, Tel: (202) 434-2269 Fax: (202) 434-6470

Alan Allery, MHA, Director and Leander “Russ” McDonald, MA, National Resource Center on Native American Aging, PO Box 9037, Grand forks, ND 58202-9037

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The National Resource Center on Native American Aging (NRCNA) and AARP will showcase three products that are available on request. The NRCNA has completed a “how to” book on doing Elder Care Needs Assessments. Information will be presented on how to do a needs assessment in your own community with the help of the NRCNAA. AARP and the NRCNA have collaborated on two projects designed to assist providers and caregivers with developing and strengthening their caregiving skills. Both will be demonstrated and available for participants to take with them to use in their home communities.



Resource Finding (Panel Discussion)

Yvonne Jackson, PhD, Director, Office for American Indian, Alaskan Native and Native Hawaiian Programs, Administration on Aging, Room 4257, Wilbur J. Cohen Federal Bldg, 330 Independence Ave. SW, Washington, DC 20201 Tel: (202) 619-2957

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Cynthia LaCounte, Consultant

HC 58, Box 77, Bainville, MT 59212 Tel: (406) 769-2651 E-mail: cillink@nemontel.net

Steve Wilson, Oklahoma Indian Council on Aging, 1001 North Country Club Road, Ada, OK 74820, Tel: (580) 436-3980 x 4246 Fax: (580) 421-6210

The panel discussants will start this conversation by sharing some of their experiences in developing resources for elder care. We will address developing federal, state, foundation, and tribal resources. The discussion will be broad and inclusive and we expect conference attendees to step forward and be a part of the conversation.

Elders Aging In-Place Through Resource Partnerships

Mr. Theron Wauneka, MSW, HCBS Project Coordinator
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The foundation of the program was built on the need for in-home service providers on Arizona reservations. This gap paved the way for the Indian Health Service (IHS) to grant funds to the ITCA Area Agency on Aging (AAA) for a five-year initiative to develop systems to provide home and community based services (HCBS) to tribal elders in Arizona.

The Inter Tribal Council of Arizona, Inc. (ITCA), believes this project is innovative because of the distinctive approach it has brought to the Arizona tribes. These distinctive factors include: 1) linking tribal communities with state supported health care, 2) using extended family networks to supplement tribal programs to provide supportive services for Indian elders, 3) expanding employment opportunities by providing training opportunities for providers and local paraprofessional staff, 4) recruiting providers who are familiar with local Indian food, styles of interaction, language and other culturally bound activities.



Caregiver Training Program

Darlene Franklin, MA, Program Manager; Chivoko Furukawa, PhD, RN-CS; and Judith Brown, MSN, RN-CS, UNM-New Mexico Geriatric Education Center
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As long-term care is assessed in Indian country, studies indicate the need for training of lay and family caregivers who provide the majority of long term care in the community setting. In response to this need, the New Mexico Geriatric Education Center (NMGEC) is working in partnership with a consortium in Indian Country, the Elder Care Initiative and the NMGEC Council of Elders to present a culturally appropriate “train-the-trainer” caregiver training program. The caregiver training will increase the competencies of those community members caring for elders including family caregivers, community health representatives (CHRs), home health care workers and others interested in the training. The primary objective is to provide coordinated educational programs specific to the care of American Indian Elders residing in the community. This objective will be accomplished in partnership with community/cultural consultants to increase competencies of caregivers. A train-the-trainer concept was chosen so that those within the community could present the training in the most appropriate cultural environment.

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Blackfeet Eagle Shields Elder Care Programs

Connie Bremner, Director and Terry Flamand, Administrative Assistant
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The Blackfeet Eagle Shields Senior Citizens Center offers: 1) Blackfeet Personal Care Attendant (PCA) Program to help disabled and/or elderly, 2) Montana Alzheimer's Demonstration Grant Project providing respite care for clients with Alzheimer's/Dementia, 3) PCA Self-Direct Program which offers PCA services where family serves as the employer, 4) Elder Protection Team meets to aid in cases of elder abuse, 5) Native American IRS/AARP Certified Volunteer Income Tax Preparation for low income individuals, 6) Focal point for health related seminars for various training, 7) Registered Nurse who does our employee's training, 8) Blackfeet Housing Program will finance the construction of a new Elder Care Complex. The presentation will also provide a slide presentation, handouts, and question and answer time.



Nursing Home Planning

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A greater number of Native American tribes are recognizing that nursing home care is an important component of care for the Indian elderly. A new or expanded facility must have the right number of beds in order to be economically viable and to provide the proper level of services. If a tribe designs and constructs a nursing home with too much capacity, it will be very difficult to operate efficiently, causing a financial burden to the facility and the tribe. If it has too little capacity, needed care will be denied and financial opportunities missed. Bed need among Native American populations is different than that of non Native Americans because of age, cultural characteristics, disease patterns and prevalence, isolation and economics. These issues must be accounted for in nursing home planning.

Public Health Dentures for Navajo Elders

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The objective of this project is to provide full dentures for Navajo elders. The Indian Health Service conducted oral health surveys in 1991 and 1999 which found that 30 to 40 percent of Navajo elders aged 55 years and over were edentulous (without teeth). The Navajo Area Agency on Aging (NAAA) had also identified over 500 Navajo elders who were either edentulous or had few remaining teeth who were anxious to receive dentures. The primary objective of this project was to fabricate quality full dentures for Navajo elders which would be used for eating. These dentures were to be made in a manner to minimize travel and waiting time for the elders. Dentures were fabricated in 16 senior centers. These centers were chosen for their central locations and their large number of eligible elders for dentures. A modified denture technique was utilized which did not compromise quality but did lend itself to working in a non-traditional dental clinic setting. Through January, 2000 dentures have been completed for over 400 elders.



The Strong Heart Study

Betty Jarvis, BSRN, Field Study Manager and Barbara V. Howard, Ph. D.
The Strong Heart Study, 1616 East Indian School Road, Ste. 355, Phoenix, AZ 85016
Tel: (602) 277-0488

The Strong Heart Study, a study of cardiovascular disease among American Indians, was conducted to determine cardiovascular disease rates and the prevalence of risk factors among members of 13 tribal groups in South Dakota, southwestern Oklahoma, and Arizona. From 1989 to 1999, tribal members were surveyed and examined for cardiovascular disease and its risk factors. To our knowledge, this is the first study that uses standardized methodologies to assess cardiovascular disease and its risk factors in American Indians. An extensive physical examination is conducted together with interviews and extensive blood tests. The examination includes sonography of carotid arteries and echo cardiogram. The study also includes a mortality study and a morbidity study. The data gleaned from this project has resulted in many oral presentations to communities and scientific meetings, and also many publications in medical journals. There are data available that documents the differences in cardiovascular disease risk factors among the three groups which can be utilized by professionals and tribal communities in working towards understanding and diminishing heart disease among their communities.

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Elder Care for Urban American Indians

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Health care service usage and preference by urban Indian Elders was assessed, in order to develop needed services at the IHC and increase elder participation. Based on a written survey and a focus group with 17 members of an organized urban Indian Elders Group in San Jose, CA (over 55 years old), results showed that “Ease of getting an appointment”, “proximity to home”, and “being treated with respect” were most important to the Indian Elders. Services most often used were vision care, pharmacy, diabetes care, treatment for colds and flu, and dental care.

Based on the results of the surveys and focus group, a pilot project was implemented to address vision care, pharmacy, and transportation issues. Implementation of Geriatric Assessment Tool for over 55 year old clinic patients, was combined with home visits by CHR’s, and condition specific health education.



Community Based Elder Care Planning in Zuni

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A multi-agency, multi-disciplinary group of elder care providers has been meeting since the fall of 1998 to improve services for the elders of the Pueblo of Zuni. The group, consisting of Tribal programs, Tribal enterprises, and representative from the IHS Hospital, has been meeting under the auspices of the Zuni Health Board. An initial step was to develop a set of principles to guide the effort. Following this, we performed a comprehensive review of available services using a public health framework for elder care. This approach helped us to identify existing capabilities, identify gaps in capabilities, identify areas of overlapping or uncoordinated services, clarify the role of each program in the overall care of the elder, and prioritize areas for investment of time and resources. The group then identified the following areas for initial work: activities of daily living support (personal care and homemaker services), transportation, and safe housing. Activities of the participating agencies or of the group as a whole have included state certification of the elder day program, the development of a Medicaid reimbursable personal care services program, hospice program development, transportation coordination, and an elder housing policy statement.

Joint Tribal/IHS Task Group on Elder Care

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An ad hoc group of Tribal and IHS personnel has been meeting on a regular basis for the past six months. Representatives from Navajo Tribal Social Services, Arizona Long term Care (ALTC), Agency on Aging, Tribal In-home Care, Community Health Representatives, Fort Defiance IHS Social Services and the Clinical Director of the Fort Defiance IHS hospital meet on a monthly basis to discuss ways to improve the care of our elderly patients. A very successful component of these meetings is our case management conference, in which the care of specific high-risk patients is discussed. We have been able to cut through the red tape and bring much needed services and attention to high-risk patients. These meetings have served to break down many barriers that exist between Tribal and IHS programs. Communication has been greatly improved.

A second task group, made up of veterans, Tribal officials, community activists and IHS representatives has been meeting on a regular basis as well. The purpose of this group is to set up a comprehensive Elder Care and hospice program for elderly veterans and non-veterans alike. The group is called the Shanahago Iina Bahaz'a which translates to "the place of wellness and peaceful life". The group is well on the way to Tribal-recognized incorporation. When incorporated it will make application for grants and other forms of assistance in order to make the program a reality. The VA has been contacted and is interested in helping to bring these services to the Navajo veterans. VA funding will be sought.