

# Serving Native American Elders

*These underserved elders need more providers to partner with tribal organizations to offer services with cultural sensitivity.*

by Mark Crawford

Native American seniors are chronically underserved in many areas, and need more providers who can offer culturally sensitive services. Here is a review of the issues involved, and a look at how aging-services providers can get started on understanding tribal communities' needs and partnering to provide services.

**T**ribal communities hold their elders in the highest esteem. Native American seniors are living longer and require longer-term care; compared to their non-Native counterparts, however, they typically receive fewer services. The level of care depends on a variety of factors such as overall tribal funding at federal and state levels, gaming income, living on or off the reservation, and availability of Native providers.

"Several tribal organizations once provided very successful services, but changes to state regulations and reimbursement have decreased their ability to continue, and non-tribal providers for the most part cannot provide services in these areas," says Kay Branch, elder care program coordinator for the Alaska Native Tribal Health Consortium in Anchorage.

Elders often stay home alone, with limited support. "It's a problem if they have a catastrophic incident that requires hospitalization or a skilled nursing facility, because these aren't widely available in Indian Country," says Shelly Zylstra, planning director for the Northwest Regional Council in Bellingham, Wash., a provider of social services for Island, San Juan, Skagit and Whatcom counties. "The elder goes to 'town,' which may be a long drive for family members and

spiritual leaders to visit. There may be no other tribal people in the facility, or staff who understand how things work culturally."

## **American Indian Long-Term Care: Not Enough**

In short, there is just not enough long-term care. Considering the lack of funding, most elder programs do an admirable job. "In the lower 48, there are some excellent programs, such as the Blackfeet Personal Care Program in Montana and the Cherokee Nation Home Health Program in Oklahoma," says Branch. "There are also some tribal nursing homes, such as Laguna Pueblo in New Mexico."

Historically, long-term care services have not been part of the Indian Health Service (IHS) package. "Overall, the care provided to tribal members, rural and urban, elder and non-elder, is inadequate," states Lee Olitzky, administrator of the Archie Hendricks Senior Skilled Nursing Facility in Sells, Ariz. "Many tribes have done an excellent job providing services for elders. Others struggle with a growing demand and limited health-care resources. Tribal elders residing on reservations have much more difficult access to health care."

Title VI programs funded through the Administration on Aging are the backbone of the tribal services for older Indians. Unfortunately, they have not kept up with inflation or the increasing numbers of eligible Native-American seniors. "Tribes that can supplement their elders programs have used the money to develop home-care agencies, skilled nursing facilities, assisted-living centers and even a PACE program," says

Zylstra. "Other tribes, particularly those in non-gaming states, simply lack the resources to augment Title VI services." This means they may only be able to provide a congregate meal program, caregiver support, information, and perhaps some transportation.

Although Native Nations negotiated health-care services through their treaties, "funding is in the discretionary part of the federal budget, so these services are never really fully funded," continues Zylstra. "In general, providers do a good job with the resources they have. Some state and local programs are actually unaware of the limited funding for Native American health care. They assume the myths about tribal people—lots of cash from the feds and the casinos—are true. They don't do outreach because they believe their needs are already met."

## **What Native Communities Want**

Each tribe has its own unique culture. American Indian communities want culturally appropriate services, delivered in their own language, that honor their culture and traditions. Native food is also an important component. Elders wish to remain in or close to their homes so they can interact with their families, participate in community events (regardless of frailty), bear witness to important events (an important role) and help raise children and grandchildren. "Also, the more traditional families are returning to old ways and want to recover language, ritual, foods and medicines," says Zylstra. "They know elders hold the key to this information."

Most tribal elders feel more comfortable with a tribal provider, simply because they find it easier to be under-

stood. “Native providers don’t make the cultural blunders we may make, however unintentionally,” says Zylstra. “Some differences include speech patterns—slow with pregnant pauses—and silence, which non-Natives are always anxious to fill. Elders think a lot as they speak and interrupting them is incredibly rude. Eye contact or touching may not be appropriate. As a rule, pointing is not okay. Body English is critical.”

“Few non-Native American providers have the depth of cultural knowledge, sensitivity and language skills to provide consistent and extended services,” agrees Olitzky. “That said, many are doing an excellent job at working with tribes to develop more cultural sensitivity and awareness.”

“We have a nursing home that provides excellent care to its Alaska Native residents, due mostly to an Athabascan social worker who is allowed the time, flexibility and latitude to attend to the cultural needs of the Native elders,” says Branch. “He is an incredible resource for the agency and does training for non-Native organizations as well.”

### **Building Relationships**

Developing relationships with tribal elders and program administrators is a must for understanding their cultural needs and providing the services they want. There’s a lot to learn; it’s critical to include these leaders in planning, development, fundraising and collaboration.

Since launching the tribal program, Northwest Regional Council representatives help with Native gatherings and community events and provide access to training, support and information. “We are more inclusive in our recognition of the importance of tribal resources,” says Zylstra. “By becoming well-informed about the cultural issues that create barriers to access—‘Indian money,’ burial funds, names, birthdays, marriages—we have figured out ways to eliminate the barriers and help Natives understand the complicated long-term-care system.”

Several years ago Branch supervised a Native student who was doing her social work practicum. Her project was to create a small cookbook of traditional Native foods for Anchorage assisted-

living homes. She visited Native residents and talked to them about their experiences and current needs, an exercise that made her realize how important this project was to Native elders. “Her grandmother had been a great cook in her village and had left recipes with various family members,” says Branch. “She put the recipes together and wrote a meaningful preface about why it is important to fix these foods for Alaska Natives. The state long-term-care ombudsman was so impressed that the booklets are now available to Native clients across Alaska, as well as for orienting new assisted-living home operators.”

The Tohono O’odham Nation in Arizona took the initiative to develop one of the few reservation-based skilled-nursing facilities in the country. The Tohono O’odham Nursing Care Authority (TONCA) wanted to develop elder-care services on the reservation so elders would not have to stay at long-term-care facilities hundreds of miles away. Olitzky partnered with TONCA to ramp up and stabilize operations of the Archie Hendricks Senior Skilled Nursing Facility, a Medicare-certified health-care provider.

Other tribes are in early planning stages for similar facilities. “The Colorado River Indian Tribes are assessing elder care needs in order to develop an internal structure for developing and delivering coordinated elder services over the long term,” says Olitzky. “The idea throughout Indian Country is to build the tribal infrastructures for the delivery of elder-care services.”

### **Moving Forward**

More tribes are seeking funding to provide their own long-term-care services. Currently, IHS’ Eldercare Initiative provides funding for planning and development and grants for implementation funds. “Several years ago we received a grant and worked with local tribes to develop a business plan for an adult family home,” says Zylstra. “This model is perfect for small tribes in a rural location. Elders live in a family home with caregivers and are reimbursed through Medicaid. This approach is financially feasible and, with some support and technical assistance, would work in a

number of locations, including large reservations.”

To better meet the needs of aging American Indians, providers must get to know the culture. “Go to the reservation, meet the elders, and go back on a regular basis,” says Zylstra. “Advocate for their services and assist them to establish high-quality, cost-effective care models. Train your caregivers about the proper ways to interact with elders and hire Native nurses, caregivers and social workers.”

Trust, ultimately, is the key issue. “As in any relationship, one must establish trust,” says Olitzky. “Tribes have been subjected to a history of individuals and organizations that have proven to be untrustworthy. Simply having the experience or knowledge of what might work for a tribe is not enough. A relationship-building period must occur and providers must earn the trust of the tribe before an elders program can really develop.”

*Editor’s note: An important pre-convention seminar on serving American Indians will be held at the AAHSA Annual Meeting & Exposition in Chicago this November. “Long-Term Care in Indian Country: Current Landscape and Future Possibilities” (session 202-P) is scheduled for Sunday, Nov. 8, 8:00 a.m. to noon. The sources quoted in this article will be among the presenters. To register, or for more information, visit [www.aahsaconference.org](http://www.aahsaconference.org).*

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## Resources

### **Archie Hendricks Senior Skilled Nursing Facility, Sells, Ariz.**

Contact: Lee Olitzky, administrator, [lolitzky@toltec.org](mailto:lolitzky@toltec.org) or (520) 361-1800.

### **Alaska Native Tribal Health Consortium, Anchorage, Alaska**

Contact: P. Kay Branch, elder/rural health program coordinator, [pkbranch@anhc.org](mailto:pkbranch@anhc.org), [pkbranch@anmc.org](mailto:pkbranch@anmc.org) or (907) 729-4498.

### **Northwest Regional Council/ Northwest Area Agency on Aging, Bellingham, Wash.**

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