National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders

Achieving Best Practice in Long Term Care for Alaska Native and American Indian Elders

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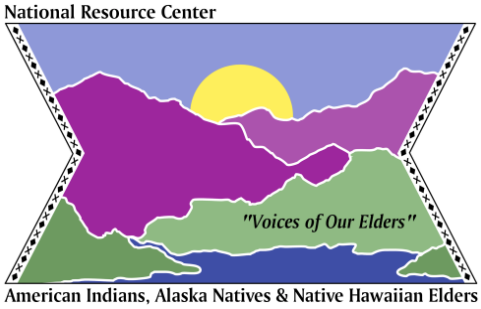

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The information in this paper does not reflect the opinion of the Administration on Aging.

UAA UNIVERSITY of ALASKA ANCHORAGE

National Resource Center for American Indian,
Alaska Native and Native Hawaiian Elders

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Dear Reader:

The National Resource Center for American Indian, Alaska Native, and Native Hawaiian Elders (NRC) at the University of Alaska Anchorage (UAA) has completed its second year and is pleased to send you its four papers: (1) Alaska Native Elders and Abuse: Creating Harmony by Voicing Traditions of Listening; (2) Achieving Best Practices in Serving Alaska Native and American Indian Elders; (3) Achieving Best Practices in Long Term Care for Alaska Native and American Elders; and (4) Boarding School: Historical Trauma among Alaska's Native People.

These papers are intended to provide information to decision makers on all levels in the Alaska Native community statewide and regionally, to the State of Alaska, to various federal offices in Washington, D.C., to all Title VI programs and to all the federally recognized tribes so that culturally appropriate Elder health care services and programs can be designed and implemented with input from the Elders themselves. By extension, the information provided here would be of interest to the many American Indian tribes and Native Hawaiian Elders. Dr. Josefina Carbonell, the Assistant Secretary on Aging, has directed the NRC to concentrate its efforts in Alaska in the first, second and third contract years. We recently were informed that there is funding for the two resource centers for the 2006 contract year.

This project started with meetings between the Alaska Native Tribal Health Consortium (ANTHC) and the NRC Alaska. A memorandum of agreement was reached to have a joint Alaska Native Elder Health Advisory Committee. This committee has met four times to give direction to both organizations in the first and second year. The ANTHC board has approved the Joint Elder Advisory Committee to meet three times a year. In the second year, individual interviews were held with Elders from the following cultural groups: Inupiaq, Athabascan, Yup'ik, Sugpiaq, Aleut, Tlingit, and Tshimshian. The interviews were transcribed and coded by the Alaska Natives into Psychology students supervised by Dr. Kathy Graves. Cultural consultants from all of the regional areas were also included to review the final comments in the paper entitled, "Alaska Native Elders and Abuse: Creating Harmony by Voicing Traditions of Listening."

This project, also referred to as "Voices of Our Elders," is funded by the Department of Health and Human Service through the Administration on Aging (AoA) in Washington, D.C., Grant No. 90AM2752. The NRC is officially located at the College of Health and Social Welfare (CHSW) at the University of Alaska Anchorage. The NRC started in the fall of 2003. Dean Cheryl Easley of CHSW traveled with the NRC staff to many of our regional meetings. The strategic focus chosen for the College is gerontology.

Listening sessions were held by the AoA through the Title VI programs, and the Title VI representatives (mostly American Indian and Alaska Native Elders) voiced several concerns to be addressed by the two National Resource Center to provide pertinent information to Native American and Alaska Native decisions makers who provide health services to their Elders. The Elders were concerned with Long Term Care issues and preventative health programs that identify best, promising, and emerging programs. The Elders were also concerned with Elder mistreatment and how to address this issue by the communities themselves. The two National Resource Centers have been successful in meeting the directives of the Listening Sessions by the papers drafted by the two NRC staffs. Electronic copies of Alaska NRC reports have also been sent to various pertinent organizations listed above, namely the Title VI programs, and to all the federally recognized tribal organizations. The work of the NRC is designed to provide information to help decision makers meet the expressed culturally relevant needs of their Elders. As such, the Alaska NRC does not conduct research but disseminates health information vital to Elders for culturally appropriate health programs.

The NRC is one of two resource centers in the nation. The other is the National Resource Center for Native American Aging, which has been in existence for over twelve years, located at the University North Dakota in Grand Forks, North Dakota. They conduct surveys on the status of Native American Elder health programs and related issues across the nation. The surveys are in response to the needs expressed by individual tribal organizations. The tribal organizations passed a tribal resolution asking the North Dakota NRC to conduct various surveys.

The NRC is interested in receiving your comments and thoughts on the information presented in the four papers. We invite you to view them on our website: http://elders.uaa.alaska.edu/. We would also welcome your comments or questions at our e-mail address: afjwl@uaa.alaska.edu or call Mr. Jim LaBelle at 907-786-4303.

Sincerely,

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I. Introduction

Alaska Native people have a long tradition of caring for elders that are no longer able to do things for themselves. Families and extended families worked together to ensure the elders' needs were met. Stories about caring for elders, such as carrying their elders on makeshift stretchers to fish camp for the summer and then back to their winter home, are part of the oral record. This care could be viewed as the true best practice for Alaska Native elders. Today, with the shifting village economy, from subsistence to cash based, more family members are working outside the home or moving to urban areas where jobs are more plentiful. Consequently, there is an increased emphasis on formal agency services to provide this care. There are still families pulling together to care for very ill and frail elders at home with little outside help. However, when this is not possible, families are forced to make the difficult decision to place their loved one in a distant nursing or assisted living home.

In rural Alaska, there are particular challenges in delivering services that may be typically available to seniors in more urban areas. Distances between villages and the high cost of food and supplies contribute to the challenges. Most elders desire to remain in their own homes and, if they cannot be in their own home, they want to be as close to home as possible. The alternative is usually a nursing home or assisted living in Anchorage or Fairbanks, which may not only be far from their family and the place they have lived most of their lives, but also have a culture with significantly different values. There are, however, an increasing number of tribally operated programs in Alaska with a focus on Alaska Native values and traditions that are assisting families in keeping their loved ones close to home. These programs are the tribal health system's emerging best practices.

An earlier report by the National Resource Center for American Indian, Alaska Native and Native Hawaiian Elders (Segal 2004) discusses the applicability of the concept of best practices to programs for Alaska Native elders. Problems arise when mechanisms to gauge best practices are developed for use with the U.S. general population, and then attempt to measure tribally run programs for Native elders. Different standards must be used to determine best practices in programs serving Alaska Native and American Indian elders who have different traditions, values, and living environment than the U.S. general population of elderly. Segal outlines the important aspects for integration of the best practice concept for evaluating programs for Alaska Native elders.

Segal's (2004, p. 2) initial list of elements, derived from work with Alaska Natives, describes what would constitute best practices in substance abuse treatment programs. Since services providing care for the elderly will not require all the elements included in the substance abuse paradigm, only those relevant to caring for Alaska Native elders will be discussed. These elements or principles include:

- The integration of Native values in all aspects of program development and service delivery.
- The inclusion of traditional arts, crafts and ceremonies relevant to elders that will encourage the continuation of cultural practices across generations.
- The availability of Native foods and the opportunity to be involved with subsistence activities to the extent possible.
- The need for Native staff to operate the programs and interact with elders in their own language.

- The need for case management that is culturally appropriate and able to bridge the gap between medical and social service agencies and the elder.
- Utilization of a Native advisory board and the involvement of elders in helping to develop and guide program responsibilities.
- Support for families to assist them in the caregiving role, allowing them to honor their cultural tradition of caring for their elders.

These principles are similar to the discussions of the Alaska Native Elder Health Advisory Committee and other characteristics recommended by Branch (2005) to guide the development of tribal programs and services for elders. They can be used as guidelines for program evaluation and as a proposed framework for establishing best practices in services for Alaska Native elders and American Indian elders.

II. Program and Best Practice Models

The following examples describe successful tribally run services for Alaska Native elders, tribal programs in other areas of the country, and two models that have not yet been provided in Alaska or in Indian Country. The programs are governed by state and federal regulations, which dictate the types of services provided. These programs are not without challenges, and staff members continually work to maintain and adapt services to meet the needs of the elders. These examples are offered as models of good programs and potential best practices available within the Alaska tribal health system, the broader Indian Health Service (IHS), and through emerging new models that could have applicability in Alaska and Indian Country.

A. Home Care

Several tribal health organizations operate home care programs that consist of personal care and Medicaid waiver services such as care coordination, respite, chore, and environmental modifications. Personal care is funded by Medicaid for people of any age that have a hands-on care need and are eligible for Medicaid. State regulations for personal care services have undergone some changes over the past few years. There are currently two types of programs: agency based and consumer directed. The main difference is that in the agency based model the client receives services from an agency that manages and supervises their care and their Personal Care Assistant (PCA). A registered nurse is required to review care plans, and PCAs must have training from a specified curriculum prior to starting work. In the consumer directed model, the client hires and supervises his/her own worker, who is often a family member. There is an agency involved, but its role is to train the consumers to manage their own care, and to bill Medicaid and pay the PCAs. There is no need for a registered nurse or specific training, as the client trains the attendant in how to provide his/her care. Two personal care programs operate within the Alaska tribal health system that deserve mention as emerging best practices.

1. Tanana Chiefs Conference, Home Care Services

The vision of the Tanana Chiefs Conference (TCC) home care program is to provide compassionate services so elderly and disabled individuals will have the opportunity to live and die with dignity in their own home or community. Services include personal care assistants, respite, care coordination, and Medicaid waiver. Elders, adults with disabilities, and individuals with Alzheimer's disease or dementia may be eligible for services. Referrals are accepted from

the client, family, neighbor, health aide, or other health professional. TCC also offers family caregiver service and provides information, individual counseling, support groups, and training for family and friends that care for an elder or adult with a disability. Medicaid and state grant funds encompass the majority of the program income.

TCC's home care program employs two registered nurses who travel to the villages twice a year and visit every elder to assess the medical and functional need for home care services. The nurses also provide preventive education on diet, exercise, and socialization during their visit. For individuals eligible for services, the nurses complete a comprehensive assessment: identifying the clients' needs, setting goals for resolving those needs, determining the appropriate services or interventions, and providing on-going monitoring of service delivery and the clients' ability to adapt to services as their medical or functional needs change. The nurses work closely with the village home care staff to implement and monitor the clients' plan of care.

Prior to village travel, the nurses review the health summaries and, if needed, the patients' charts for any new medical diagnosis or changes in the current diagnosis, medications, and new hospitalizations, as well as to determine what exams and immunizations are due. TCC uses a family centered approach, including the elder and family members in developing a plan for services. With TCC home care, everyone in the village benefits: the elders are able to stay at home, employment and educational opportunities are available for village residents, and collaborative relationships with the health aides and tribal councils improve services for the clientele. TCC home care recognizes that the keys to the success of the services are the local providers and the family caregivers.

TCC's home care program is not without its challenges. The primary challenge is recruitment and retention of village providers. TCC has several mechanisms in place to help retain their village staff, including a monthly newsletter and calendar, five-year awards, cards, and gifts. The Fairbanks staff always makes the village workers a priority when they are in town. Although these methods have proven helpful, the success of the program depends on a growing supply of caring individuals to provide services in their villages. TCC's family caregiver program received a national Health Care and Aging award for innovation and quality in 2005.

2. Yukon-Kuskokwim Health Corporation, Senior and Disabilities Services

The goal of the Yukon Kuskokwim Health Corporation (YKHC) home care program is to allow elders to age in place by keeping them at home for as long as possible. YKHC home care services began in 1995 and offers both agency based and consumer directed personal care, as well as a variety of Medicaid waiver services such as care coordination, respite, chore, and environmental modifications. Elders and adults with disabilities are eligible, and referrals are made by health providers and family members. The program income is primarily Medicaid, with additional funding from a designated portion of YKHC's IHS dollars.

Home care is an employment opportunity for local residents. YKHC staff includes nurses, care coordinators, administrative assistants, and a range of village based care providers that can number more than 75 workers at any given time. YKHC offers a career ladder and Certified Nursing Assistant training, so a PCA can advance into other health-related fields. All administrative staff members are cross-trained and are able to conduct in-home assessments of potential clients. Innovative training ideas incorporate enhanced classes for PCAs and a basic caregiver training for consumer directed PCAs that covers proper lifting, transferring, and patient

care. YKHC is also looking into an apprenticeship program that will offer on-the-job training and health credit for high school students.

The challenges to the program revolve mainly around funding. The Medicaid reimbursement is not sufficient to meet the basic costs of providing the services, and there are several unfunded mandates in the regulations for agency based providers, specifically higher training requirements and registered nurse oversight. The benefits, however, outweigh the challenges from the perspective of the YKHC mission. The benefits include: preventing elders' placement in an institutional long-term care setting; ensuring that elders are able to remain at home in the village with family and friends, and with their own language and traditional food; and supporting families by empowering them to care for their elders longer.

3. Summary

These two home care programs incorporate the following elements of best practice: 1) case management, which is a detailed assessment done by workers familiar with the village environment; 2) Native staff, to whom the program provides training opportunities and local employment; and 3) support for families in their caregiving role.

B. Other Long Term Care Services

Long term care encompasses a continuum of services that provide elders and people with disabilities on-going assistance with daily activities such as bathing, dressing, eating, shopping, and transportation. Home care services are just one aspect of this continuum. The following services are examples of other tribal programs in Alaska that provide services to elders. The description begins with a home-based support program at the least intensive end of the long term care continuum and ends with the most intensive setting, a skilled nursing home.

1. Southcentral Foundation Elder Program

The Southcentral Foundation Elder Program is an urban-based comprehensive approach to providing social and in-home services to address the needs of the Alaska Native and American Indian elder population in Anchorage. The program began in 1985 as a part of the Community Health Representative Program, and has evolved over time to expand services aimed at enhancing well-being and promoting independent living. It is the intent of the Elder Program to improve the quality of elders' lives by creating an environment of quality, dignity, and pride.

Services are provided to Alaska Native and American Indian elders who are at least 55 years of age and reside in the Anchorage area, with priority given to those with the greatest economic and social needs. An individual may access services by contacting the program or through the assistance of a health care provider, village health aide, caseworker, or social worker. A preliminary intake and assessment are completed with the individual to identify what types of services are needed.

The Elder Program fosters an environment that promotes spiritual, physical, and emotional wellness in a culturally appropriate setting. The intention is to empower each individual to share in the responsibility of achieving skills and obtaining assistance necessary to live independently for as long as possible, and to create a continuum of care that supports elders throughout the later years of life. Community and social involvement are not only culturally appropriate to the Elder Program's goals, but are equally as important to the Alaska Native community as a whole.

The Elder Program provides opportunities for multigenerational social interaction in the form of monthly potlucks and mentoring opportunities, and through the publication of a monthly newsletter, which keeps elders and their families informed of upcoming events.

The Southcentral Foundation Elder Program is designed to provide the majority of services in the home, including light housekeeping, assistance with paperwork, and visiting. The program utilizes a multi-disciplinary approach in planning for services, including advocacy, transportation, congregate meals, promoting health and wellness, social activities, shopping, interpreting/ translating, food box delivery, family support, letter reading/writing, and escorting elders.

The program offers non-English speaking and socially isolated elders in this urban environment a chance to interact with others who share their values and culture. Elders receive education regarding healthy aging, opportunities to socialize and become more involved with the community, opportunities to participate in traditional activities such as a monthly potluck with traditional foods and entertainment, and options to venture out during the warmer months to gather berries, sightsee, and attend events such as the Alaska State Fair. The Elder Program prides itself on responding to the needs of the elders and will vary the services based on current need. There are times in an Elder's life when his/her needs will fluctuate according to present circumstances, such as needing more transportation and medication pick ups after having surgery, or reducing service to visiting when a family member is around to help with caregiving tasks.

2. Bristol Bay Area Health Corporation, Helping Hands Program

Helping Hands is an end-of-life program that provides an option for terminally ill people in Bristol Bay to return to their home and still receive needed palliative care. The program began in 1999 with a grant from the Robert Wood Johnson Foundation (RWJF) and was designed to combine modern palliative care practices with traditional ways of caring for elders and others nearing the end of life. Clients can be referred by family or friends, but typically the physician makes the referral. The primary staff person is a registered nurse who visits the client in the home to assess his/her condition, pain management and medical equipment needs, caregiver availability, and to determine the plan for services (DeCourtney, et.al. 2003).

End-of-life training is provided to the family, client, health aides, and other village residents so everyone is aware of what to expect in providing care and when the end is near. The program was designed to include a volunteer coordinator who would also meet with village residents to offer education and ideas of how to help the family. This aspect of the program has not continued due to lack of funding. An array of materials was developed with the grant and is still available for use in Bristol Bay communities.

The program, initially funded through the grant, is now funded entirely by BBAHC, with one full-time registered nurse as the only staff. Some of the major obstacles in generating revenue for this type of program revolve around federal regulations requiring nurse visits within a specified time period, and the availability of physical, occupational, and recreation therapy, which may be prohibitive in the rural areas of Alaska. The current focus of the program is palliative care and improved quality of life for chronically ill rural elders.

The other primary challenge is staff turnover and the availability of someone to work in a rural area that has a background of palliative or end-of-life care. The lack of a consistent group of village caregivers who know the material is also problematic. The program will be focusing on

identifying natural caregivers in communities and training the CHA/Ps in palliative care so they may serve as a resource for village caregivers.

In 2004, the Alaska Native Tribal Health Consortium (ANTHC) was awarded a $1.6 million palliative care training grant from the National Cancer Institute. The grant will be used to establish a training curriculum that emphasizes Alaska Native culture and tradition to provide palliative care training to all healthcare providers who work with Alaska Natives, including village-based workers. The BBAHC project provided a number of lessons that will result in the development of a training program that is sustainable. For instance, under the RWJF grant, nurses were sent out of state for training at a high cost. When a nurse left BBAHC, someone else had to be trained. By developing a training program in Anchorage, costs of training will be reduced substantially.

3. Marrulut Eniit Assisted Living (MEAL), Dillingham

Marrulut Eniit (Grandmother's House) is a ten-unit assisted living home that opened in February 2000. Now housing up to 15 elders, the assisted living home is a way to keep regional elders closer to home if they need extended care. MEAL provides the full array of assisted living services in a pleasant environment with staff that are sensitive to the culture and traditions of the residents. A local cook prepares traditional foods, there is a smoke house on site where residents can observe or help with smoking and preparing fish, some staff are bilingual, and there is a maqi or steam bath on the premises. Many local and regional organizations contributed to the development of MEAL and continue to be involved through participation on the board of directors for the separate, private non-profit corporation that was established to own and operate the home.

Funding for the day-to-day operations is primarily from Medicaid, as most residents are on a Medicaid waiver for assisted living services. Each resident also pays a portion of the cost from their Social Security or SSI payment, keeping $100 monthly for personal needs. The total cost per resident per month is between $4,000 and $5,000. People who are not eligible for a Medicaid waiver generally receive another form of state subsidy through Adult Protective Services. The Bristol Bay Housing Authority continues to support the home by providing accounting services and employee benefits and provides rent subsidies for those who qualify.

The number one benefit of the assisted living home is that elders get to stay in the region nearer to family. Another benefit is full-time jobs that are available for local residents. However, the major challenge to the operations at MEAL is staffing: finding, training, and keeping staff requires continued diligence. Another issue is caring for a number of people who meet the Medicaid waiver criteria for nursing home level of care in an assisted living setting. It is advisable in any assisted living home to have a mix of residents—those who have very high care needs and those who require minimal supervision and are able to feed and dress themselves. Due to the complex needs of some residents and the need for balancing staff duties, MEAL decided to limit the number of total care individuals to three. Therefore, the need still arises for people to be sent out of the region for care.

The facility is appreciated by many of the families that have utilized it. The care provided is very good and is well received by the residents. One resident stated, *"When I was living on my own in the independent apartments I was always scared at night. I was going to the hospital at least twice a month. Now that I'm living here I have a night watchman that comes in every night to*

check on me. When I first moved in I couldn't sleep when they stopped by, but now I'm used to it. Now I only go to the hospital once a month at most."

4. Norton Sound Health Corporation, Quyanna Care Center

The Norton Sound Health Corporation operates Quyanna Care Center (QCC), the only tribally managed nursing home in Alaska. The 15-bed home was built in 1988 and is co-located with the regional hospital. Most of the residents are from western Alaska and have strong cultural and family ties to the communities. The occupancy levels at the home are higher than other Alaska nursing homes, and there is usually a waiting list for admission. Most of the revenue is from Medicaid, with more than 98% of the residents receiving Medicaid.

QCC has a strong sense of Native culture and provides Native food, activity programs, and a high level of community involvement. Elders from around the region are able to stay close to family and friends and still receive the nursing care they need. Although co-location with the hospital allows some economies in staffing and ancillary support services, sustaining the workforce is an ongoing challenge.

5. Summary

All the above services are provided by or in collaboration with tribal health organizations, whose mission statements include an adherence to Native values and the provision of culturally appropriate services. The Southcentral Foundation Elders program meets all the best practice criteria and is working to develop additional home-based services. Educational materials for Helping Hands were developed through conversations with elders and their families about how care was traditionally provided to dying members of the community. Marrulut Eniit Assisted Living was developed with a great deal of input from elders about design and services and is operated by a non-profit board of local Alaska Natives. Quyana Care Center is able to support families and elders by providing a safe, healthy environment that incorporates Native food, activities, and staff.

C. Lower 48 Service Models

In addition to the Alaska programs, there are services in tribal communities in the Lower 48 that include a coordinated approach to elder care in the realm of primary health care, health promotion, and disease prevention. Two of these programs are highlighted here. This is not a comprehensive listing of long term care innovations existing within tribal organizations throughout Indian Country, but these programs do offer ideas on how tribal organizations in Alaska can begin to develop their own comprehensive plan of elder care.

1. Zuni Elders Clinic

The Public Health Services Indian Hospital at Zuni, New Mexico began offering a monthly Elders Clinic in October 1995 (Miller and Finke 1996). The clinic is conducted one afternoon a month with four elders scheduled during each clinic. During the two-hour clinic visit, the elder (and their primary caregiver, if possible) is seen by a clinical nurse specialist, physician, pharmacist, psychologist, audiologist, physical therapist, dietician, and dentist. Following the clinic, this multidisciplinary team of providers discusses each case and formulates recommendations for care and services that are forwarded to the primary care physician and social services for follow-up. The clinic targets elders with complex health problems that have

had recent changes in functional abilities, confusion or dementia, multiple hospitalizations, recent falls, multiple medications, or are in social crisis. Referrals to the clinic are usually by public health nurses, primary care physicians, or emergency room personnel. Prior to the clinic, a nurse visits the elders at home to explain the process and conduct a home safety assessment.

Positive outcomes of this program include: increased expertise among staff members in a variety of geriatric topics and the development of a coordinated home improvement program through the tribal senior center and field health nursing. The primary weaknesses of the program are the resource intensiveness and the lack of time for follow-up. Other time commitments for these staff members continue to limit the program to a maximum of 45 elders in one year. But even with the lack of financial resources, the clinic persists today because of the dedication of the staff and the positive changes team members have seen in the lives of their older clients. A new fall clinic that is an abbreviated version of the Elders Clinic has been implemented that includes a similar, but smaller, interdisciplinary team to evaluate elders after reported falls, and to help prevent future falls.[1]

2. Southern Ute Geriatric Assessment Teams

The Geriatric Assessment Team at the Southern Colorado Ute Service Unit was initially established in 1991 as part of a pilot project. The team consists of a physician, public health nurse, medical social worker, dietician, community health representative, behavioral health representative, and others as needed. The criterion for determining if an elder is eligible to receive an assessment is similar to the Zuni Elders Clinic, and includes prior or expected need for nursing home placement. In addition to a physical exam, the team identifies nursing needs and assesses the elder's functional and nutritional capacities, as well as conducts an environmental assessment of the elder's home. Unlike Zuni, the Southern Ute program is home based, at the elders' request. Elders only come to the clinic for the physical exam, and other providers schedule time in the elders' homes and complete a series of standard tools and protocols.

The team meets on a quarterly basis to discuss clients. Follow-up and scheduling meetings are the responsibility of the public health nurse. The goal of the program is to decrease morbidity, hospitalizations, and the need for nursing home placement, and to increase physical function, quality of life, and diagnostic completeness.[2] The elders benefit from the comprehensive geriatric exam and home assessment. The team benefits through increased understanding of geriatric care and the needs of elders. Community Health Representatives receive special training to conduct the home safety assessments.

This program is also labor intensive and requires a lot of the public health nurse's time. It is difficult to monitor these clients along with other duties, so the nurse revisits the elders and their records every six months to ensure follow-up. This is a small health center so, although the numbers assessed each year seem small (one elder per month), it covers those considered to be at the highest risk. The staff feels that the program is beneficial, as they have identified things through the assessment that they would have missed otherwise; therefore, their elders

[1] Personal communication with Kay Redman, Zuni Indian Hospital, December 29, 2004.
[2] Southern Colorado Ute Service Unit Policies and Procedures. Geriatric Evaluation and Management Program.

receive better care. They plan to continue the program and may bring a pharmacist to the team to conduct medication reviews.[3]

3. Summary

These programs highlight the best practice elements of case management, Native staff, and involvement of elders and family in determining the level of care and services. The programs also answer a need discussed by the Alaska Native Elder Health Advisory Committee for a more comprehensive approach to elder health care provision. Such care would include aspects of health promotion and disease prevention and the maintenance of chronic conditions over time. By adapting the models for elder exams and in home assessments found in the Zuni and Southern Ute Service Areas to the needs of Alaska Native elders, a best practice model for comprehensive elder care in Alaska could become a reality.

D. Other National Models of Long Term Care

There are two national models of long term care services that also deserve mention. One is a comprehensive approach to care and the other is an innovative model of nursing home care. Although these programs were developed primarily for populations with a resource base (either private pay or Medicaid/Medicare), and therefore may not work in some areas of Alaska, both are promising programs that include some of the principles of best practices discussed earlier. Perhaps elements of the programs could be integrated into services designed for Alaska Native elders.

1. Program for All-Inclusive Care for the Elderly (PACE)

PACE is a planned approach to chronic care that serves individuals 55 and over that meet nursing home level of care. The PACE philosophy is based on the premise that providing community-based services to elders and their families will increase their quality of life as well as be more cost efficient. The goal is to manage disability and illness through monitoring and health promotion activities and thereby minimize nursing home and hospital admissions. PACE is a managed care program that includes all needed medical and supportive services, such as nursing home, hospital care, case management, and personal care in the home. PACE is reimbursable through both Medicaid and Medicare, and requires sponsoring organizations to take full financial risk for all the care needs of the clients.

Two basic components of PACE are an interdisciplinary team and an adult day health center. The interdisciplinary team consists of a physician, nurse practitioner, pharmacist, dietitian, physical and occupational therapists, social worker, home care attendants, and drivers. This approach is based on the idea that all members of the team have information relevant to the clients' care needs and condition. Therefore, all members have an equal voice in the team meetings. The adult day health center is the location where services are delivered and the clients' condition is monitored. An urban center will typically include a clinic, pharmacy, meals, and activities. Another key element to a successful PACE program is geriatric training for all levels of professional and paraprofessional staff.

[3] Personal communication with Susan Turner, Public Health Nurse, Southern Colorado Ute Service Unit. December 15, 2005.

There are only about 35 PACE programs around the country, mostly in urban areas such as San Francisco and Denver. The Centers for Medicare and Medicaid (CMS) and the U.S. Department of Health and Human Services are interested in seeing this program expand to more rural areas and are encouraging development in tribal organizations. CMS is willing to waive some of the regulatory requirements and explore models of client monitoring that would work favorably in rural areas. The Cherokee Nation in Oklahoma is paving the way for tribal PACE and anticipates opening the first day center in the spring of 2006.

2. Green House

Green House is an innovative concept in long term care that is receiving attention at the national level. The Green House idea was created by William Thomas, M.D., founder of the Eden Alternative, a form of institutional culture change in the nursing home industry adopted by many facilities in Alaska. Green House takes the Eden philosophy of mutual caring, involving residents in decision making, and creating a home-like environment into a smaller setting housing 8–10 residents. Care is provided in a home setting with elders and caregivers who interact as a family. Trained caregiving staff provide for all the day-to-day care needs of the residents, including meal preparation and small maintenance tasks. Meals are social times, and residents who are able assist with the cooking. Staff and residents eat family style at a large table, instead of using separate tables and individual trays.

The goal of the Green House project is to eliminate large institutional nursing home settings and create smaller social settings where elders can receive assistance and still participate in life to the greatest extent possible. To maintain the appropriate level of skilled practitioners, such as physicians, nurses, and physical therapists for nursing home certification, staff members are employed by a parent organization and make regular visits to each Green House. A large nursing home in Tupelo, Mississippi has been downsized into a series of Green Houses that opened in early 2004. A preliminary analysis and review of the homes has been positive, with a more longitudinal study forthcoming. More information is available on the following website: http://thegreenhouseproject.com.

3. Summary

For a best practice model, PACE incorporates case management, supports the family, keeps the elders at home, and includes the elders in decisions about their care needs. A review of the Cherokee Nation's program and planning process, when available, will likely show the other elements of best practices related specifically to Alaska Native and American Indian values and culture. With its family or pseudo-family focus, the Green House model already captures some of the traditional Native values and practices. Integrating Native food, activities, and other elements would be easy to do in this environment, and in doing so this model could resemble Marrulut Eniit Assisted Living or Quyanna Care Center.

III. Conclusion

This paper provides a review of some of the models for long term care services in operation in Alaska and other parts of the U.S. Although the programs have to conform to federal and state laws and regulations, innovations in delivery systems do help meet the needs of Alaska Native elders. The programs already include most of the principles of best practices as defined by

Segal (2004). Tribal health organizations have the ability to adapt programs to meet their mission and vision of providing culturally sensitive health care and related services. These can be the most appropriate agencies to create programs compatible with the needs of elders, and to develop the best continuum of long term care services for Alaska Native and American Indian elders.

IV. References

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